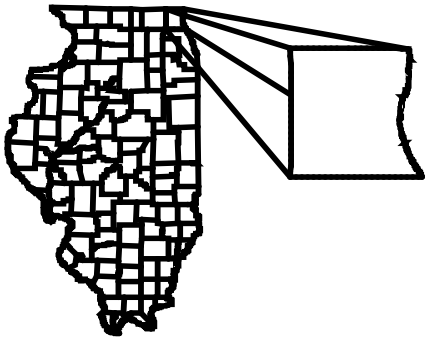
Lake County Community MAPP Assessments

Mobilizing for Action through Planning and Partnerships



1. Community Health Status Assessment (CHSA)
2. Community Themes and Strengths Assessment (CTSA)
3. Forces of Change Assessment (FOCA)
4. **Local Public Health System Assessment (LPHSA)**

Lake County, Illinois
2012

LakeCounty
Health Department and
Community Health Center

Irene T. Pierce, MSN, Executive Director

Local Public Health System Assessment

LCHD/CHC Lead Contributors:
Kris Andersen
Jon Ashworth
Marty Dubois
Liz Nelson
Mark Pfister
Jesus Ruiz
Kim Zambole

Consultant/Facilitator:
Laurie Call

Lake County MAPP Steering Committee:
Irene Pierce, Co-chair
Ernest Vasseur, Co-chair
Marvin Bembry
Carolina Duque
Paul Geiselhart
Ann Maine
Julie Mayer
Matt McDermott
Kathy Ryg
Cindy Skrukrud
Laurel Tustison (Alt: Terry Lenz)
Dr. K. Michael Welch (Alt: Margot A. Surridge)
Roycealee J. Wood (Alt: Gary Pickens)
Robin B. Zacher
Sylvia Zaldivar-Sykes

Lake County Health Department and Community Health Center
3010 Grand Avenue
Waukegan, Illinois 60085

Illinois Public Health Institute
954 W. Washington Blvd., Suite 405
Chicago, Illinois 60607

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Introduction

The Local Public Health System Assessment (LPHSA) for the Lake County Health Department was conducted as one of the four assessments in the Mobilizing Action through Planning and Partnerships (MAPP) process. MAPP provides the framework for a comprehensive public health system assessment and plan, which is led and developed by public health system partners. The MAPP process requires engagement of the local public health system partners and the community at large. These stakeholders are engaged in various stages of the process. Results from the LPHSA will be analyzed with the reports from the other three assessments, which include the Community Health Status Assessment (CHSA), Community Themes and Strengths Assessment (CTSA) and the Forces of Change Assessment (FOCA). Strategic issues and health priorities will then be identified by examining the convergence of the results of the assessments and determining how the issues identified in the assessments affect the overall vision. Further analysis and prioritization of strategic issues will be conducted to develop a manageable list of strategic issues and priorities for the plan. Next, goals and strategies will be formulated to address the strategic issues. Finally, action plans will be developed for each strategic issue. Action plans will include objectives for achieving the goals, implementation plans, and measurable outcomes of each objective and responsible parties for each objective. The plans will be coordinated and implemented to improve the local public health system and ultimately the overall health of Lake County and its many communities.

The Assessment Instrument

The NPHPSP local assessment instrument measures performance of the *local public health system (LPHS)* -- defined as the collective efforts of public, private and voluntary entities, as well as individuals and informal associations that contribute to the public's health within a jurisdiction. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith communities, youth development organizations, economic and philanthropic organizations, environmental agencies and many others. Any organization or entity that contributes to the health or well-being of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners will participate in the assessment process. By sharing their diverse perspectives, all participants will gain a better understanding of each organization's contributions, the interconnectedness of activities, and how the public health system can be strengthened. The NPHPSP does not focus specifically on the capacity or performance of any single agency or organization.

The instrument is framed around the ten **Essential Public Health Services (EPHS)** that are utilized in the field to describe the scope of public health. For each essential service in the local instrument, the model standards describe or correspond to the primary activities conducted at the local level. The number of model standards varies across the essential services; while some essential services include only two model standards, others include up to four. There are a total of 30 model standards in this instrument. For each standard in each essential service, there are a series of stem questions that break down the standard into its component parts, and sub-questions to detail stem question responses.

Each EPHS, model standard, stem question, and sub-question is scored by participants to assess system performance on the following scale:

Table 1 EPHS System Performance Scoring Scale	
Optimal Activity	greater than 75% of the activity is met
Significant Activity	greater than 50% but no more than 75% of the activity is met
Moderate Activity	greater than 25% but no more than 50% of the activity is met
Minimal Activity	greater than 0% but no more than 25% of the activity is met
No Activity	0% or absolutely no activity

NPHPSP results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also take into account variation in knowledge about the public health system among assessment participants; this variation may introduce a degree of random non-sampling error.

The Assessment Methodology

Prior to the assessment retreat on June 10, 2011, all registered participants were invited to participate in a Webinar orientation session presented by staff from the Centers for Disease Control (CDC), National Association of County and City Health Officials and the Illinois Public Health Institute. The orientation webinar provided an overview of the purpose, content and process for the assessment.

The assessment program began with a 60-minute plenary presentation to welcome participants, review the process, introduce the staff and entertain questions. Participants were then broken into five groups; each breakout group was responsible for conducting the assessment for two essential services, as follows:

Table 2 LPHSA Breakout Group Assignments	
Group #	LPHSA Group Responsibilities
1	EPHS 1 – Monitor health status to identify community health problems. EPHS 2 – Diagnose and investigate health problems and health hazards in the community.
2	EPHS 3 – Inform, educate, and empower people about health issues. EPHS 4 – Mobilize community partnerships to identify and solve health problems.
3	EPHS 5 – Develop policies and plans that support individual and community health efforts. EPHS 6 – Enforce laws and regulations that protect health and ensure safety.
4	EPHS 7 – Link people to needed personal health services and assure the provision of health services. EPHS 9 – Evaluate effectiveness, accessibility, and quality of personal/population-based health services.
5	EPHS 8 – Assure a competent public and personal health care workforce. EPHS 10 – Research for new insights and innovative solutions to health problems.

Each group was professionally facilitated and staffed by a recorder. Score cards were displayed and counted manually to capture participant scores for each measure. Following the facilitation of the assessment and scoring of measures, a debrief was held with staff to discuss how the process worked in each group. A retreat survey was entered into Survey Monkey and distributed to all participants.

Assessment Respondents

The Lake County Health Department and the Lake County MAPP Steering Committee, with the support of IPHI, invited 85 public health stakeholders from 56 organizations to participate in a full day assessment retreat. The event organizers carefully considered how to balance participation across sectors and agencies and how to ensure that diverse perspectives as well as adequate expertise were represented in each breakout group.

The event drew 63 staff or volunteers from 42 partner organizations. The composition of attendees was apportioned as follows (values rounded): 22 percent Local Health Department; 11 percent colleges / universities; 11 percent hospitals; five percent faith community-sponsored organizations; and five percent youth-serving organizations. Multiservice, Latino-serving and environmental organizations each comprised three percent of the total. Medical providers included a pediatric practice and free clinic; and social service organizations together comprised three percent of the total, but were counted under distinct categories to clarify mission and population served. For a list of participants and their affiliations by breakout group, see Appendix 3.

The diverse set of local public health system assessment participants are reflected in Table 3.

Table 3 Composition of LPHSA Participants

Constituency Represented	Total Invited	Total Attended	% of Total Attended
Armed Forces	3	1	1.6%
Child Advocate	1	1	1.6%
Child Welfare	3	2	3.2%
College/University	7	7	11.1%
Community Health/Birth and Breastfeeding Support	1	1	1.6%
County Government	1	1	1.6%
Early Childhood Education	1	0	0.0%
Environmental Advocate	3	2	3.2%
Faith Community	4	3	4.8%
Family Behavioral Health	2	1	1.6%
Food Service	1	1	1.6%
Hospital	9	7	11.1%
Latino Services	3	2	3.2%
Local Health Department	14	14	22.2%
Long Term Care	1	1	1.6%
Multiservice	2	2	3.2%
Multiservice/Latino	1	1	1.6%
Municipal Government	2	2	3.2%
Pharmaceutical	2	1	1.6%
Philanthropy	3	1	1.6%
Policy Analyst	1	0	0.0%
Provider/Free Clinic	3	1	1.6%
Provider/Pediatric	1	1	1.6%
Public Education	2	1	1.6%
Public Safety	1	1	1.6%
Regional Education	1	1	1.6%
Retail Pharmacy - Corporate	1	0	0.0%
Social Services/Developmental Disabilities-Behavioral Health	3	1	1.6%
Social Services/Supportive Housing-Mental Health	1	1	1.6%
Sports/Recreation	1	1	1.6%
Workforce Development and Training	1	1	1.6%
Youth Services	5	3	4.8%
TOTALS	**85**	**63**	**100%**

Per Centers for Disease Control and Prevention National Public Health Performance Standards Program Office, no more than one third of participants should be staff of the local health department, the agency responsible for assurance of public health core functions.

Actual attendance was 74 percent of the total invited participants; more than three quarters (75%) of invited organizations were represented at the assessment retreat.

Summary of Results from the Lake County Local Public Health System Assessment

How well did the system perform the ten Essential Public Health Services (EPHS)?
Table 2 and Figures 1 - 3 together provide an overview of the local public health system's performance in each of the 10 Essential Public Health Services (EPHS).

Table 4 Summary Essential Public Health Service Scores

EPHS #	EPHS Description	2011 Score
1	Monitor health status to identify community health problems.	97
2	Diagnose and investigate health problems and health hazards in the community.	100
3	Inform, educate, and empower people about health issues.	81
4	Mobilize community partnerships to identify and solve health problems.	40
5	Develop policies and plans that support individual and community health efforts.	90
6	Enforce laws and regulations that protect health and ensure safety.	100
7	Link people to needed personal health services and assure the provision of health services.	55
8	Assure a competent public and personal health care workforce.	55
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	48
10	Research for new insights and innovative solutions to health problems.	41
	Overall Performance Score	**71**

Table 4 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each essential service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Essential Service Scores: Comparison of Overall Performance and Range of Activity

Each summary score for the essential services reflects a composite of responses for the model standards, multiple stem questions and sub-questions for each essential service. The range of activity reported in the assessment process (displaying the minimum and maximum values of responses for each EPHS) is displayed in Figure 1 (detailed results, tables and figures are in Appendix 1). Users of this report may want to look closely at both the raw data and discussion notes highlighted under each Essential Public Health Service section (pp 13-42) to understand the reasons underlying wide variance of scores reported by each breakout group.

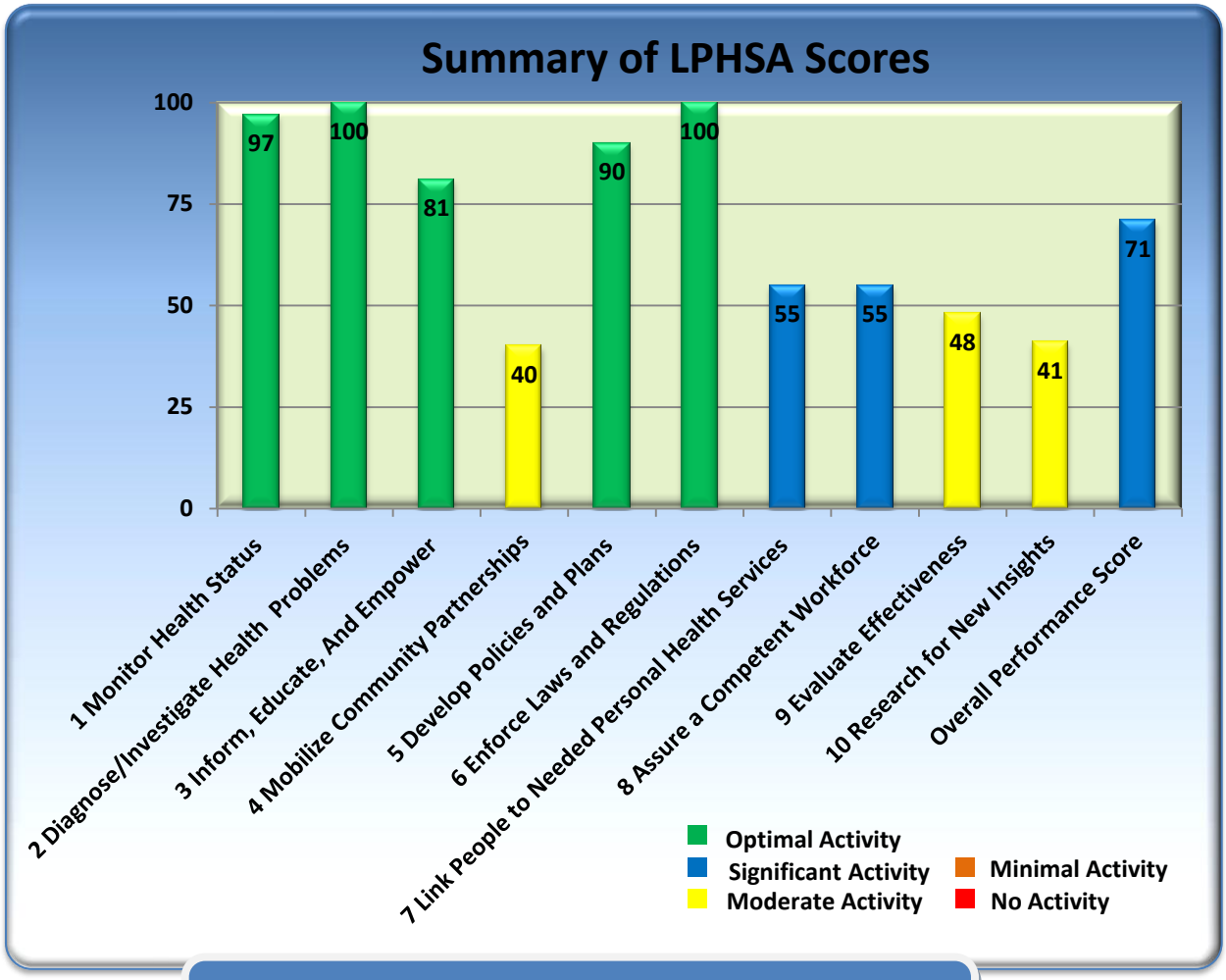


Figure 1
Summary of EPHS Performance Scores and Overall Score

Based upon the EPHS System Performance Scoring Scale (see Table 1), the highest ranked performance scores were for EPHS 2 (Diagnose and Investigate Health Problems/Hazards) and EPHS 6 (Enforce Laws and Regulations). The lowest ranked performance score was for EPHS 4 (Mobilize Community Partnerships). Five of the 10 EPHS categories were assessed as **Optimal Activity**. Two of the 10 categories were assessed as **Significant Activity**. And three of the categories were assessed as **Moderate Activity**. The average of all EPHS scores was ranked as **Significant Activity**.

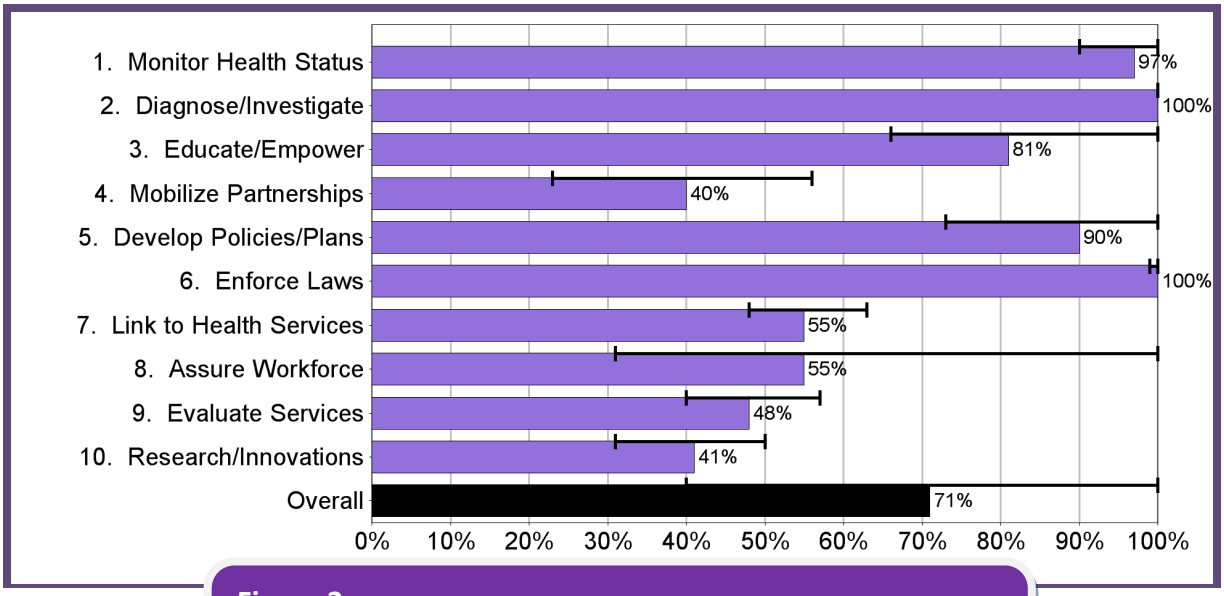


Figure 2
Summary of EPHS Performance Scores and Overall Score (with ranges)

Specific Results for each Essential Public Health Service: Scores and Common Themes

The following pages contain the performance score results for each Essential Public Health Service (EPHS). Detailed scores for each EPHS, model standard, and indicator are included in Appendix 1 (Detailed Results of the NPHPSP Local Public Health System Assessment Report).

- A description of the assessment tool and the major activities assessed for the EPHS is included under each EPHS section.
- LPHSA results for each EPHS are reflected in the table. The overall score and performance category are indicated along with the overall ranking of the EPHS (its score relative to the other essential services assessed). The model standards are highlighted in purple. Scores by each indicator are also included in the table.
- A bar graph indicating the scores for each model standard within that essential service is included below the assessment scores table for each EPHS section.

Themes that emerged through substantive breakout discussions are summarized for each EPHS. Recorders captured the tone and content of the discussion so that major themes and recommendations could be shared with planners. The highlighted comments and themes included here should not be considered as an exhaustive evaluation of the local public health system. However, these participant perspectives should be taken into consideration in future quality improvement efforts.

EPHS 1: Monitor Health Status To Identify Community Health Problems

Overall Score 97 - Optimal Overall Ranking: 2nd

The instrument asks 32 questions to assess performance against three model standards and EPHS-specific indicators. EPHS 1 services include:

- Accurate, periodic assessment of the community's health status, including:
  - Identification of health risks, determinants of health, and determination of health service needs;
  - Attention to the vital statistics and health status indicators of groups that are at higher risk than the total population;
  - Identification of community assets that support the local public health system (LPHS) in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems (GIS), to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health registries, such as disease or immunization registries.

SCORES FOR MODEL STANDARDS AND INDICATORS

1.1 Population-Based Community Health Profile (CHP)	**OPTIMAL**	**90**
The Community Health Profile (CHP) is a common set of measures for the community to prioritize the health issues that will be addressed through strategic planning and action, to allocate and align resources, and to monitor population-based health status over time. The LPHS conducts regular community health assessments to monitor progress toward health-related objectives; compiles and periodically updates a community health profile using community health assessment data; promotes community-wide use of the community health profile and/or assessment data and assures that this information can be easily accessed by the community.		
1.1.1 Community health assessment		100
1.1.2 Community health profile (CHP)		95
1.1.3 Community-wide use of community health assessment or CHP data		75
1.2 Access to and Utilization of Current Technology to Manage, Display, and Communicate Population Health Data	**OPTIMAL**	**100**
Population health data are presented in formats that allow for clear communication and interpretation by end users. The LPHS uses state-of-the-art technology to collect, manage, integrate, and display health profile data bases; has access to geo-coded data for geographic analysis; uses computer-generated graphics to identify trends and/or compare data by relevant categories (i.e. race, gender, age group).		
1.2.1 State-of-the-art technology to support health profile databases		100
1.2.2 Access to geo-coded health data		100
1.2.3 Use of computer-generated graphics		100
1.3 Maintenance of Population Health Registries	**OPTIMAL**	**100**
Population health registries track health related events such as disease patterns and preventive health service delivery. The LPHS creates and supports systems to assure accurate and timely reporting by providers. The LPHS maintains and regularly contributes; uses information from one or more population health registries.		
1.3.1 Maintenance of and/or contribution to population health registries		100
1.3.2 Use of information from population health registries		100

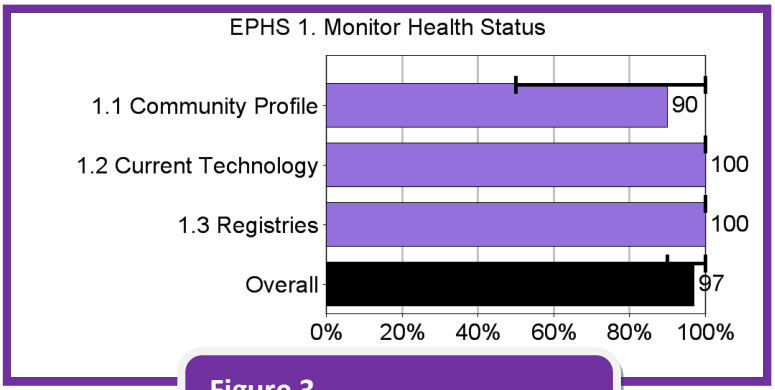


Figure 3
Model Standards for EPHS 1

Figure 3 displays the overall score for each model standard. In this snapshot, model standard 1.2 (technology) and 1.3 (registries) were ranked at the highest score in the optimal activity range; 1.1 (community health profile) was assessed lower, but still in the optimal activity range. Indicators for each model standard are detailed on the previous page.

Discussion Themes:

Strengths –

- Independent assessments are conducted for the county and for specific populations by the health department and community organizations on an ongoing basis.
- The five-year IPLAN process demands participation by public health and health care providers to collect and analyze county-wide data and to set priorities for public health action.
- Multi-agency collaborations have emerged around shared priorities, but no visible, consolidated report of assessments and corresponding actions exists outside of the IPLAN process.
- Health Department assets include GIS capabilities and weekly analysis of health department clinic and ROD data provides quasi-real time surveillance information that guides intervention as needed. Syndromic surveillance protocols (e.g. seasonal flu) are established that include comparative analysis of sector, peer counties, state, regional, and national data sets.

Weaknesses –

- Though assessment data is available, reports are not disseminated proactively – few stakeholders are aware of existing resources in the County.
- No formal schedule is established to update a comprehensive county health status profile.
- Though there are notable strengths and activity in all performance areas, participants were concerned that data standards are not formally defined for some indicators (e.g. “an assessment” for the community; “quality of life data”).

Recommended Strategies:

1. Create a centralized repository of community health assessment data.
2. Advocate for synthesis of state-level registry data to promote accuracy, comprehensiveness, and timeliness of data.
3. Define the common standards and measures to formalize a single, comprehensive community health profile.
4. Report the data in an accessible and actionable format on a scheduled basis.
5. Proactively disseminate the population health status profile to community health stakeholders.

Group Composition and Perspectives:

This fourteen member breakout group invited participants based on their subject matter expertise and/or interests relative to diagnosis of the community's health status; identification of threats to health and assessment of health service needs; timely collection, analysis, and publication of information on access, utilization, costs, and outcomes of personal health services; attention to the vital statistics and health status of specific-groups that are at higher risk than the total population; identification of community assets and resources that support the local public health system in promoting health and improving quality of life; utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences; and collaboration to manage integrated information systems with private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

Members included two staff of the local health department; two staff of social service agencies; three staff of colleges and university programs (including medical schools); two hospital staff; one long-term care staff (retired); one philanthropic organization executive; one regional education officer; and one armed forces health provider.

EPHS 1: Overall Score – 97 *High Optimal* Rank – 2nd
Agency Contribution to LPHSA – 50%

EPHS 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

Overall Score 100 - Optimal Overall Ranking: 1st (tied top ranked)

The instrument asks 41 questions to assess performance against three model standards and EPHS-specific indicators. EPHS 2 services include:

- Epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases, environmental hazards, and other health threats.
- Active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.

SCORES FOR MODEL STANDARDS AND INDICATORS

2.1 Identification and Surveillance of Health Threats	**OPTIMAL**	**100**

Surveillance systems are designed to monitor health events, to identify change patterns, and to investigate underlying causes of factors. The LPHS participates in integrated state, local and national surveillance system(s) that identify and analyze health problems and threats; collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks; organizes its public and private laboratories into an effectively functioning laboratory system; utilizes human and technological resources to support surveillance and investigation activities, including state-of-the-art information technology and communication systems, as well as Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and hazards.

2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	100

2.2 Investigation and Response to Public Health Threats and Emergencies	**OPTIMAL**	**100**

Local public health systems must have capacity to respond rapidly and effectively to investigate public health threats and emergencies which involve communicable disease outbreaks or chemical, biological, radiological, nuclear, explosive or environmental incidents. In order to have the capacity to investigate and respond to public health emergencies, the LPHS maintains written protocols to implement a program of case finding, contact tracing and source identification and containment for communicable diseases and toxic exposures; develops written protocols for the immediate investigation of public health threats and emergencies, including natural and intentional disasters; designates an Emergency Response Coordinator; identifies personnel with the technical expertise to rapidly respond to potential biological, chemical, or radiological public health emergencies; evaluates incidents for effectiveness and opportunities for improvement.

2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	100
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	100
2.2.5 Evaluation of public health emergency response	100

2.3 Laboratory Support for Investigation of Health Threats	**OPTIMAL**	**98**

Reviews the effectiveness of its performance in diagnosing and investigating health problems; actively uses the information from these reviews to continuously improve the quality and responsiveness of their efforts. The LPHS reviews the effectiveness of its state surveillance and investigation procedures, using published guidelines, including CDC's *Updated Guidelines for Evaluating Public Health Surveillance Systems* and CDC's measures and benchmarks for emergency preparedness; manages the overall performance of its diagnosis and investigation activities for the purpose of quality improvement.

2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100

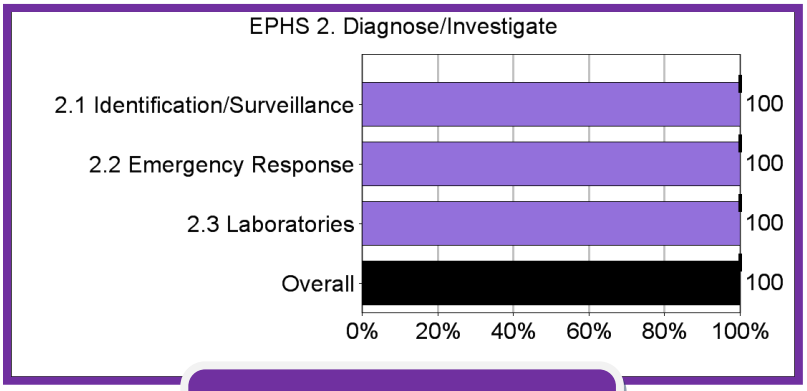


Figure 4
Model Standards for EPHS 2

Figure 4 displays the overall score for each model standard. In this snapshot, 2.1 (surveillance), 2.2 (emergency response) and 2.3 (laboratories) all ranked at the highest score in the optimal activity range. Indicators for each model standard are detailed on the previous page.

Discussion Themes:

Strengths –

- Armed forces resources add significant capabilities for public health reporting (e.g. occupational health hazards); strong paid staff capacity for emergency response across all organizations.
- Strong protocols, partnerships, and systems in place for disease reporting; full alignment with state level HIE planning.
- The system meets or exceeds all hazard planning and emergency response mandates.
- The system has access to public health laboratories for routine diagnostic and surveillance; and access to CDC laboratories and private laboratories as needed.

Weaknesses –

- Proportion of private providers reporting health threats to surveillance systems is not verified.
- The group briefly discussed weaknesses not specifically addressed by the tool: ongoing challenges to strengthen infrastructure and inter-agency cooperation in advance of disaster; challenge to coordinate communications, particularly with media during disaster situations.
- The turnaround time from state and Chicago laboratories can be improved; overall capacity of the laboratories is not within the local system's control.

Recommended Strategies:

1. Re-assess the community mental health needs and corresponding roles for health educators during emergencies during all-hazard planning.
2. Consider the communication strategy, including guidelines to promote media cooperation, as part of the all hazard plan and after-action report protocols.
3. Assure alignment of emergency response plans and communications among armed forces, public health, hospitals, and private providers.

Group Composition and Perspectives:

This fourteen member breakout group invited participants based on their subject matter expertise and/or interests relative to epidemiologic identification of emerging health threats; public health laboratory capability for rapid screening and high volume testing; active infectious disease epidemiology programs; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury, environmental hazards and other health hazards. Members included two staff of the local health department; two staff of social service agencies; three staff of colleges /university programs (including medical schools); two hospital staff; one long-term care staff (retired); one philanthropic organization; one regional education staff; and one armed forces health provider.

EPHS 2: Overall Score – 100 ***High Optimal*** **Rank – 1st**

Agency Contribution to LPHSA – 75%

EPHS 3: Inform, Educate, and Empower Individuals and Communities about Health Issues

Overall Score 81 - Optimal Overall Ranking: 4th

The instrument asks 38 questions to assess performance against three model standards and EPHS-specific indicators. EPHS 3 services include:

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages that are accessible to all populations.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Risk communication processes designed to inform and mobilize the community in time of crisis.

SCORES FOR MODEL STANDARDS AND INDICATORS

3.1 Health Education and Promotion	**OPTIMAL**	**76**
The LPHS actively creates, communicates and delivers health information and health interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations. The LPHS provides the public, policymakers, and stakeholders with information on community health status and health needs in the community, as well as information on policies and programs that can improve community health; plans, conducts, and evaluates targeted health education and health promotion activities to develop and enhance knowledge and attitudes and assist in lowering risk or changing negative behaviors; works with other entities within the system on health education and health promotion activities that facilitate healthy living in communities.		
3.1.1 Provision of community health information		75
3.1.2 Health education and/or health promotion campaigns		77
3.1.3 Collaboration on health communication plans		75
3.2 Health Communication	**SIGNIFICANT**	**66**
Health communication encompasses the use of multiple communication strategies to inform and influence individual and community decisions that enhance health. The LPHS develops health communication plans addressing media and public relations, as well as guidelines for sharing information among stakeholders; utilizes relationships with media channels (e.g. print, radio, television, Internet) to share health information with general and targeted audiences; identifies and trains spokespersons on public health issues.		
3.2.1 Development of health communication plans		53
3.2.2 Relationships with media		71
3.2.3 Designation of public information officers		75
3.3 Risk Communication	**OPTIMAL**	**100**
Risk communication is the provision of information by public health professionals to allow individual, stakeholders, or an entire community to make the best possible decisions about their well-being in times of crisis or emergency. The LPHS develops an emergency communications plan to effectively create and disseminate materials for each stage of a crisis according to recognized theories and methods; ensures adequate resources to enable a rapid emergency communications response; provides crisis emergency communications training for employees and establishes protocols for the dissemination of public information and instructions during public health emergency; maintains current, accurate 24- hours-per-day, 7 days-per-week contact information and collaborative relations with news media, public information officers (PIOs), and partners.		
3.3.1 Emergency communications plan(s)		100
3.3.2 Resources for rapid communications response		100
3.3.3 Crisis and emergency communications training		100
3.3.4 Policies and procedures for public information officer response		100

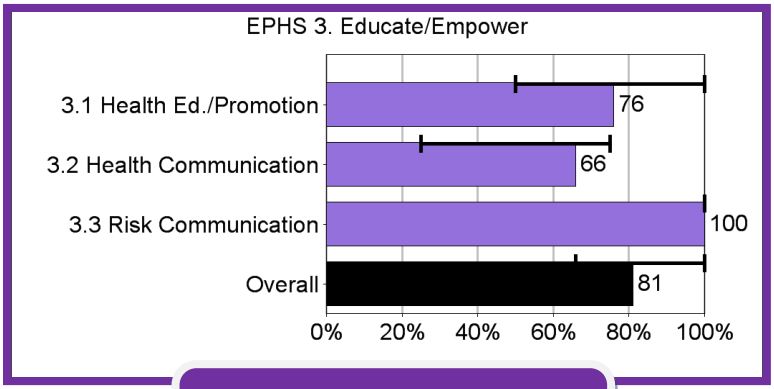


Figure 5
Model Standards for EPHS 3

Figure 5 displays the overall score for each model standard. In this snapshot, model standard 3.3 (risk communication) was ranked at the highest possible score in the optimal activity range. Model standard 3.1 (health education/promotion) ranked in the optimal range, while 3.2 (health communication) and was assessed in the significant activity range. Indicators for each model standard are detailed on the previous page.

Discussion Themes:

Strengths –

- Strong resources for culturally and linguistically appropriate community health outreach.
- Strong collaboration from non-traditional partners to promote health (e.g. forest preserve surveillance, prevention education, physical activity programs, pro-health policies such as acceptance of LINK at Green Farm).
- Emerging county-based, statewide workforce training resource to promote appropriate health promotion interventions with developmentally disabled community.
- Emerging capacity and commitment to community gardens (e.g. at schools, churches).
- Trend toward coalition-driven efforts to address community health needs.
- Risk communications are consistently strong, coordinated efforts.

Weaknesses –

- Lack of resources
- Impressive range of activity, but lack of evaluation and coordination among outreach and screening programs.
- No coordinated effort to promote availability of population health data for program planning.
- No formal assessment of barriers to effective health education and health promotion (e.g. competing campaigns or messages, community or provider perceptions).
- No specific example of messages tailored to specific communities so that they remain relevant and address health disparities (e.g. for impact in Riverwoods, Waukegan, and Deerfield).
- Collaboration infrastructure is broadening and deepening, but plans must be forged and partners held accountable to make real progress toward county health goals.
- Communication plans do not always include policy and procedures for creating, sharing and disseminating information with partners and key stakeholders.

Recommended Strategies:

1. Promote availability of county health status profile and/or county health assessment data.
2. Explore opportunities to assess community health literacy and attitudes (e.g. complacency) and develop health education resources based on assessment of needs.
3. Recruit coalition members from within communities affected by health disparities.
4. Promote evaluation as standard component of all programs including partner-driven communications and outreach.
5. Promote strategies to more effectively engage local media around county health issues. Current local media is inadequate: build new media structure (e.g. Public Square concept) to convey messages to more residents.
6. Promote community readiness/assets.
7. Build Public Square – quality control/content to support community partners.

Group Composition and Perspectives:

Participants in this thirteen member breakout group were selected largely due to their subject matter expertise or their role in social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, personal care providers, worksites and others. Members included two health department staff; four staff of population-focused social service organizations, two behavioral health providers; two staff of advocacy organizations; and one representative each from county and municipal government; and one staff of a jobs resource agency.

EPHS 3: Overall Score – 81 *Optimal* Rank – 4th
Agency Contribution to LPHSA – 67%

EPHS 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Overall Score 40 - Moderate Overall Ranking: 8th (lowest ranked)

The instrument asks 32 questions to assess performance against two model standards and EPHS-specific indicators. EPHS 4 services include:

- Identifying potential stakeholders who contribute to or benefit from public health and increase their awareness of the value of public health.
- Building coalitions and working with existing coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships and strategic alliances among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement activities, including preventive, screening, rehabilitation, and support programs, and establishing the social and economic conditions for long-term health.

SCORES FOR MODEL STANDARDS AND INDICATORS

4.1 Constituency Development	**SIGNIFICANT**	**56**
Constituents of the LPHS include all persons and organizations that directly contribute to or benefit from public health, including members of the public. Constituency development is the process of establishing collaborative relationships among the LPHS and all current and potential stakeholders. The LPHS has a process to identify key constituents for population-based health in general and for specific health concerns (e.g. a particular health theme, disease, risk factor, life stage need); encourages the participation of its constituents in community health activities, such as identifying community health issues and themes and engaging in volunteer public health activities; establishes and maintains a comprehensive directory of community organizations; uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.		
4.1.1 Identification of key constituents or stakeholders		69
4.1.2 Participation of constituents in improving community health		63
4.1.3 Directory of organizations that comprise the LPHS		25
4.1.4 Communications strategies to build awareness of public health		69
4.2 Community Partnerships	**MINIMAL**	**23**
Community partnerships and strategic alliances describe a continuum of relationships that foster the sharing of resources and accountability in undertaking community health improvement. Public health departments may convene or facilitate the process. The multiple levels of relationships among public, private or nonprofit institutions include: networking, coordination, cooperation and collaboration. The LPHS establishes community partnerships and strategic alliances to assure a comprehensive approach to improving health in the community; assures the establishment of a broad-based community health improvement committee. Assesses the effectiveness of community partnerships and strategic alliances in improving community health.		
4.2.1 Partnerships for public health improvement activities		69
4.2.2 Community health improvement committee		0
4.2.3 Review of community partnerships and strategic alliances		0

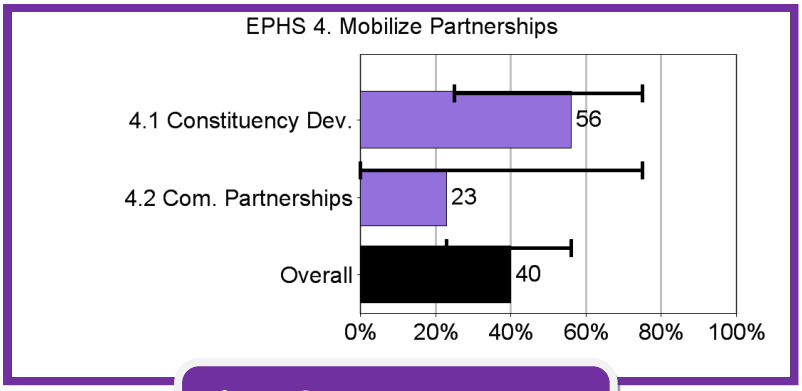


Figure 6
Model Standards for EPHS 4

Figure 6 displays the overall score for each model standard. In this snapshot, model standard 4.1 (constituencies) was assessed in the significant activity range; while 4.2 (community partnerships) was ranked lowest of all model standards (in all EPHS categories) in the minimal range. Indicators for each model standard are detailed on the previous page.

Discussion Themes:

Strengths –

- Selected resources are widely used to promote mutual referral and information sharing (e.g. Red Book).
- Mechanisms are well established to assure that community stakeholders can provide input to governmental services and health program plans (e.g. community action project forums).
- Constituents were effectively reached during H1N1 response effort, demonstrating capacity to meet unanticipated needs; volunteers are frequently engaged by multiple organizations.

Weaknesses –

- Though the Red Book is routinely updated and reasonably comprehensive, people may not know how to reach one another. The range of contacts in the book is limited to government and not-for-profit organizations (e.g. no corporate employee health).
- The system may not be adequately assessing barriers to constituent engagement (e.g. persons with low health literacy, with low English proficiency, or affected by digital divide) nor using evaluative information to revise outreach strategies.
- Formal engagement strategies and procedures are in place (e.g. infectious disease outbreaks), but relationships are less formal for other concerns (e.g. chronic disease prevention).
- There is no county-level health improvement committee that invites community constituents as seated members.

Recommended Strategies:

1. Assess the need for a comprehensive volunteer management program to support county health initiatives.
2. Leverage existing coalitions to formalize engagement strategies that support specific public health goals (e.g. targeting specific constituents in underserved communities).
3. Explore development of a strategic plan with guiding principles for public health to promote alignment and coordination among health-focused coalitions.
4. Assess opportunities to include community members in regular county-level health planning committees.
5. Evaluate effectiveness of recruitment and retention strategies to build inclusive policy and planning authorities.
6. Leverage technology.
7. Develop matrix for inclusion.

Group Composition and Perspectives:

Participants in this thirteen member breakout group were selected largely due to their subject matter expertise or their role in the community relative to convening and facilitating community groups and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs; and skilled coalition-building ability in order to draw upon the full range of potential human and material resources in the cause of community health. Members included two health department staff; four staff of population-focused social service organizations, two behavioral health providers; two staff of advocacy organizations; and one representative each from county and municipal government; and one staff of a jobs resource agency.

EPHS 4: Overall Score – 40 *Moderate* Rank – 8th
Agency Contribution to LPHSA – 50%

EPHS 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Overall Score 90 - Optimal Overall Ranking: 3rd

The instrument asks 47 questions to assess performance against four model standards and EPHS-specific indicators.

EPHS 5 services include:

- An effective governmental presence at the local level.
- Development of policy to protect the health of the public and to guide the practice of public health.
- Systematic community-level planning for health improvement and public health emergency response in all jurisdictions.
- Alignment of local public health system (LPHS) resources and strategies with a community health improvement plan.

SCORES FOR MODEL STANDARDS AND INDICATORS

5.1 Government Presence at the Local Level	SIGNIFICANT	73

Every community must be served by a governmental public health entity. The local government public health entity coordinates or assures the provision of quality public health services, which is typically the local health department or a local branch of the state health agency serves as the local governmental public health entity. The LPHS includes a local governmental public health entity to assure the delivery of the Essential Public Health Service to the community; assures the availability of adequate resources for the local health department's contributions to the provision of Essential Public Health Services; maintains an appropriate relationship with its local governing entity (e.g. local board of health, county commission, state health agency); coordinates with the state public health system.

5.1.1 Governmental local public health presence	96
5.1.2 Resources for the local health department	73
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50

5.2 Public Health Policy Development	OPTIMAL	97

The LPHS works with the community to identify policy needs and gaps to develop policies to improve the public's health. The LPHS promotes the community's understanding of, and advocacy for, policies to improve health, and serves as a resource to elected officials to establish and maintain public health policies. The LPHS contributes to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process; alerts policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies; reviews existing policies at least every three to five years.

5.2.1 Contribution to development of public health policies	96
5.2.2 Alert policymakers/public of public health impacts from policies	100
5.2.3 Review of public health policies	96

5.3 Community Health Improvement Process	OPTIMAL	90

The community health improvement process provides the opportunity to develop a community-owned plan that will lead to a healthier community. To effectively leverage community resources and optimize outcomes, organizations within the LPHS make efforts to review and align their organizational strategic plans with the community health improvement process. The LPHS establishes a community health improvement process, which includes broad-based participation and uses information from community health assessments as well as perceptions of community residents; develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy; conducts organizational strategic planning activities and reviews its organizational strategic plan to determine how it can best be aligned with the community health improvement process.

5.3.1 Community health improvement process	94
5.3.2 Strategies to address community health objectives	75
5.3.3 Local health department (LHD) strategic planning process	100

SCORES FOR MODEL STANDARDS AND INDICATORS (continued)		
5.4 Plan for Public Health Emergencies	**OPTIMAL**	**100**
An "All-Hazards" emergency preparedness and response plan describes the roles, functions and responsibilities of LPHS and other entities in the event of one or more types of public health emergencies. The plan should create an all-hazards response infrastructure. These plans describe community interventions necessary to prevent, monitor and control the incident. The LPHS establishes a task force to develop and maintain emergency preparedness and response plans; develops a plan that defines public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan, describes organizational responsibilities, and establishes standard operating procedures and clearly outlines alert and evacuation protocols; tests the plan through the staging of one or more "mock events," and revises the plan as necessary at least every two years.		
5.4.1 Community task force or coalition for emergency preparedness and response plans		100
5.4.2 All-hazards emergency preparedness and response plan		100
5.4.3 Review and revision of the all-hazards plan		100

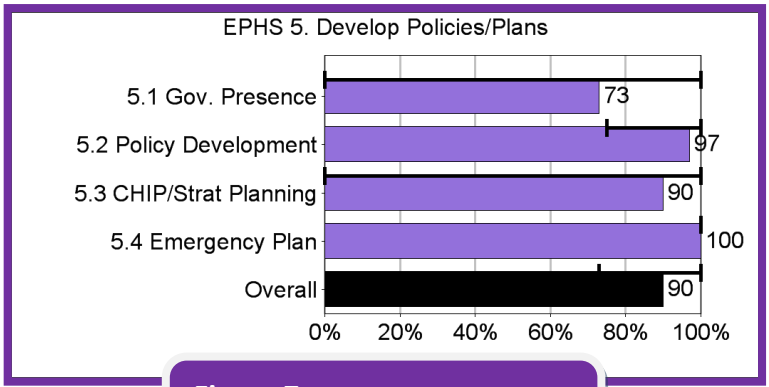


Figure 7
Model Standards for EPHS 5

Figure 7 displays the overall score for each model. In this snapshot, model standard 5.4 (Emergency Plan) ranked highest in the optimal activity range; while 5.2 (Policy Development) and 5.3 (CHIP), scores followed in the optimal activity range; and 5.1 (Gov Presence) ranked lowest in the significant range. Indicators for model standards 5.1 – 5.3 are detailed on the previous page; indicators for 5.4 are detailed above.

Discussion Themes:

Strengths –

- Though total staff was reduced due to budget cuts, the organization is now streamlined and organized around essential services.
- The system effectively leverages existing infrastructure to advance public health goals (e.g. accreditation processes, Chicago Metropolitan Agency for Planning long-term master plan, IPLAN process, 3-year strategic plan of health department services).

Weaknesses -

- Grassroots engagement in policy, advocacy, and assessment is weak; under attention to health disparities.
- Lack of Improvement plan that promotes ownership for implementation by more organizations.
- Lack of resources and funding.
- Public health infrastructure is under-developed in the western side of the county.
- Plans must keep pace with changing demographics and increasing need for medical care of under/uninsured.

Recommended Strategies:

1. Formalize county-level engagement strategy to promote grassroots participation in policy, advocacy, and assessment with an emphasis on needs and concerns of uninsured/under-insured and western Lake County.
2. Formalize population health improvement plan incorporating results of MAPP assessments, disease burden data, and stakeholder input.

Group Composition and Perspectives:

Participants in the thirteen-member breakout were selected for their expertise and direct involvement in planning/policy development, advocacy and administration including systematic community-level and state-level planning for health improvement in all jurisdictions; development and tracking of measurable health objectives as a part of continuous quality improvement strategies; joint evaluation with the medical health care system to define consistent policy regarding prevention and treatment services; alignment of local public health system resources and strategies with the community health improvement plan; and development of codes, regulations and legislation to guide the practice of public health. Members included two health department staff; three hospital staff; one public safety officer; one public school district staff; one college/university staff; one faith community staff (food pantry volunteer); one corporate representative; and one pediatrician from a children's services agency, an environmental health advocate, and one staff of a local free clinic ("access to health") program.

EPHS 5: Overall Score – 90 *Optimal* Rank – 3rd
Agency Contribution to LPHSA – 56%

EPHS 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Overall Score 100 - Optimal Overall Ranking: 1st (tied top ranked)

The instrument asks 27 questions to assess performance against three model standards and EPHS-specific indicators. EPHS 6 services include:

- The review, evaluation, and revision of laws, regulations, and ordinances designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities obligated to obey or to enforce laws, regulations, and ordinances designed to protect health and safety in order to encourage compliance.
- Enforcement activities in areas of public health concern, including, but not limited to the protection of drinking water; enforcement of clean air standards; emergency response; regulation of care provided in health care facilities and programs; re-inspection of workplaces following safety violations; review of new drug, biologic, and medical device applications; enforcement of laws governing the sale of alcohol and tobacco to minors; seat belt and child safety seat usage; and childhood immunizations.

SCORES FOR MODEL STANDARDS AND INDICATORS

6.1 Review and Evaluation of Laws, Regulations and Ordinances	OPTIMAL	99
The local public health system (LPHS) reviews existing federal, state, and local laws, regulations, and ordinances relevant to public health in the community, including laws, regulations, and ordinances addressing environmental quality and health-related behavior. The review focuses on the authority established for laws, regulations, and ordinances as well as the impact of existing laws, regulations, and ordinances on the health of the community. The review also assesses compliance, opinions of constituents, and whether laws, regulations, and ordinances require updating. The LPHS identifies public health issues that can only be addressed through laws, regulations, or ordinances; is knowledgeable about current federal, state, and local laws, regulations, and ordinances that protect the public's health; reviews public health laws, regulations, and ordinances at least once every five years; has access to legal counsel for assistance in the review of laws, regulations, and ordinances.		
6.1.1 Identification of public health issues to be addressed through laws, regulations, ordinances		100
6.1.2 Knowledge of laws, regulations, and ordinances		100
6.1.3 Review of laws, regulations, and ordinances		97
6.1.4 Access to legal counsel		100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	**OPTIMAL**	**100**
Having identified local public health issues that are not adequately being addressed through existing laws, regulations, and ordinances, the LPHS participates actively in the modification of existing laws, regulations, and ordinances and the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health. This participation includes the drafting of proposed legislation and regulations, involvement in public hearings, and periodic communication with legislators and regulatory officials. The LPHS identifies local public health issues that are not adequately addressed through existing laws, regulations, and ordinances; participates in the modification of existing laws, regulations, and ordinances and/or the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health; provides technical assistance for drafting proposed legislation, regulations, and ordinances.		
6.2.1 Identification of public health issues not addressed through existing laws		100
6.2.2 Development or modification of laws for public health issues		100
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances		100

SCORES FOR MODEL STANDARDS AND INDICATORS (continued)		
6.3 Enforcement of Laws, Regulations, and Ordinances	**OPTIMAL**	**100**
In many communities, the local health department exercises regulatory enforcement that is delegated or contracted to it by federal, state, county, or municipal government entities. In other communities, enforcement authority may be retained by the state or delegated to one or more private entities whose authority may cross local jurisdictional boundaries. The LPHS identifies organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances; assures that a local governmental public health entity is appropriately empowered through laws and regulations to act in public health emergencies and implement necessary community interventions; assures that all enforcement activities are conducted in accordance with laws, regulations, and ordinances; informs and educates individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply; evaluates the compliance of regulated organizations and entities.		
6.3.1 Authority to enforce laws, regulation, ordinances		100
6.3.2 Public health emergency powers		100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances		100
6.3.4 Provision of information about compliance		100
6.3.5 Assessment of compliance		100

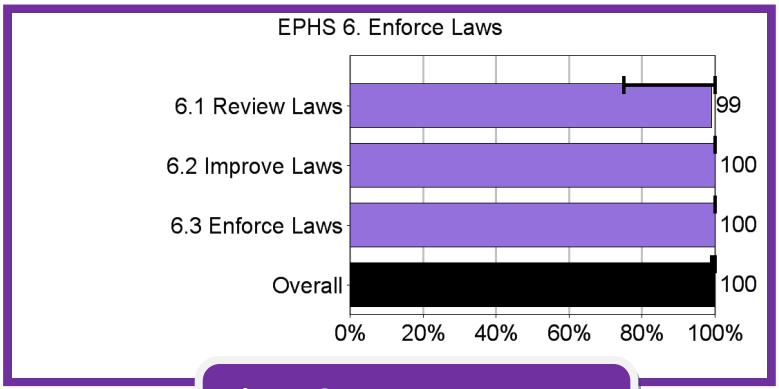


Figure 8
Model Standards for EPHS 6

Figure 8 displays the overall score for each model. In this snapshot, model standards 6.2 (improve laws) and 6.3 (enforce laws) ranked the highest possible score in the optimal activity range, while 6.1 (review laws) was ranked only one point lower. Indicators for model standards 6.1 and 6.2 are detailed on the previous page, and indicators for 6.3 are detailed above.

Discussion Themes:

Strengths –

- Strong cooperative efforts to assure compliance with regulations; all organizations respond to sector-specific standards dictating periodic review of regulations (e.g. HIPPA, school regulations).
- Strong participation from sectors and communities and support to modify existing laws (e.g. obesity action) including technical assistance to draft ordinances or revisions.
- Information is communicated to persons affected by regulations at point of contact and in accord with situational concerns.
- Non-traditional public health partners (e.g. Local police departments) have taken on new roles to assure regulatory compliance (e.g. public nuisance).

Weaknesses –

- Environmental health issues could be improved through coordinated action.
- Existing protocols and processes are not evaluated to determine impact.
- The system is heavily reliant on the health department.
- Communication and education could be improved among partners to promote effectiveness.

Recommended Strategies:

1. Develop phone "apps" to facilitate information sharing and to support mobilization for prevention.
2. Formalize responsibilities among partner organizations to promote policy advocacy.
3. Leverage membership in Northern IL Public Health Consortium to reach large entities/employers.
4. Improve system for vaccine distribution related to emergency response scenario.

Group Composition and Perspectives:

Participants in this thirteen member breakout were selected for their expertise and direct involvement in policy evaluation and enforcement including, but not limited to, sanitary codes (especially in the food industry), the protection of drinking water; enforcement of clean air standards; regulation of care provided in health care facilities and programs; re-inspection of workplaces following safety violations; enforcement of laws governing the sale of alcohol and tobacco to minors; seat belt and child safety seat usage; childhood immunizations; timely follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; monitoring quality of medical services (e.g. laboratory, nursing homes, and home health care); and timely review of new drug, biologic, and medical device applications. Members included two health department staff; three hospital staff; one public safety officer; one public school district staff; one colleges/universities staff; one faith community staff; one corporate representative; and one staff of children's services agency, an environmental health advocate, and an access to health program.

EPHS 6: Overall Score – 100 *High Optimal* Rank – 1st
Agency Contribution to LPHSA – 83%

EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Overall Score 55 - Significant Overall Ranking: 5th (tied ranking)

The instrument asks 14 questions to assess performance against two model standards and EPHS-specific indicators. EPHS 7 services include:

- Identifying populations with barriers to personal health services.
- Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.
- Assuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).

SCORES FOR MODEL STANDARDS AND INDICATORS

7.1 Identification of Personal Health Service Needs of Populations	**SIGNIFICANT**	**63**
The local public health system (LPHS) identifies populations who may encounter barriers to personal health services. Identified barriers may be due to age, lack of education, poverty, culture, race, language, religion, national origin, physical and/or mental disability, or lack of health insurance. In order to ensure equitable access to personal health services, the LPHS has defined and agreed upon roles and responsibilities for the local governmental public health entity, hospitals, managed care plans, and other community health care providers in relation to providing these services. The LPHS identifies populations in the community who may experience barriers to the receipt of personal health services; defines personal health service needs for the general population and for those populations who may experience barriers to personal health services. This includes defining specific preventive, curative, and rehabilitative health service needs for the jurisdiction; assesses the extent to which personal health services in the jurisdiction are available and utilized by populations who may encounter barriers to care.		
7.1.1 Identification of populations who experience barriers to care		75
7.1.2 Identification of personal health service needs of populations		63
7.1.3 Assessment of personal health services available to populations who experience barriers to care		50
7.2 Assuring the Linkage of People to Personal Health Services	**MODERATE**	**48**
The LPHS supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, oral health, social service, and mental health systems to optimize access to needed personal health services. The LPHS seeks to create innovative partnerships with organizations such as libraries, parenting centers, and service organizations that will help to enhance the effectiveness of LPHS personal health services. The LPHS links populations to personal health services, including populations who may encounter barriers to care; provides assistance in accessing personal health services in a manner that recognizes the diverse needs of un-served and underserved populations; enrolls eligible beneficiaries in state Medicaid or Medical and Prescription Assistance Programs; coordinates the delivery of personal health and social services to optimize access.		
7.2.1 Link populations to needed personal health services		50
7.2.2 Assistance to vulnerable populations in accessing needed health services		42
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs		75
7.2.4 Coordination of personal health and social services		25

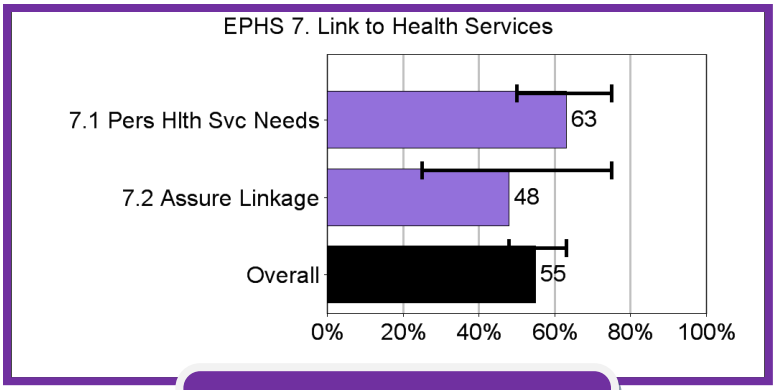


Figure 9
Model Standards for EPHS 7

Figure 9 displays the overall score for each model standard. In this snapshot, both model standards 7.1 (personal health service needs) was assessed in the significant activity range; and 7.2 (assure linkages) was assessed in the high moderate activity range. Indicators for each model standard are detailed on the previous page.

Discussion Themes:

Strengths –

- Strong collaborative culture – anchored by high performing health department and interest in public-private partnership.
- Strong staff capacity and relationships among service providers to promote effective referral.
- Size of the county is itself an asset- Lake commands resources, but still retains grassroots character.

Weaknesses –

- In spite of strong partnerships, services are fragmented and funding does not incentivize cooperation among organizations.
- Marginalized communities continue to suffer health disparities, including: uninsured, LGBTQ community, low income minorities in Waukegan, Mundelein, Zion, and other urban areas.
- Lack of capacity to provide medical care to low income: too few providers willing to serve Medicaid patients and the uninsured.
- Other barriers to care include: transportation, particularly for seniors; cost of care (e.g. added costs for special services such as translation for Spanish speaking patients); legal status prohibits many from accessing basic preventive services (e.g. new immigrants and the recently incarcerated).
- Insufficient mental health resources in the county, particularly for children.
- Lack of connection and coordination with corporate and faith community partners.

Recommended Strategies:

1. Develop patient navigation capacity, including: trained navigators to guide patients to appropriate care, and easy to understand navigation tools, including web links and print media, that provide basic information, direction to health care service sites, and service profiles by municipality as well as patient eligibility criteria and provider qualifications.
2. Incorporate strategies to evaluate effectiveness as system transitions from Medicaid to managed care under Affordable Care Act.
3. Promote corporate partnerships to expand capacity and address employee health.
4. Leverage resources afforded by large faith community networks.
5. Expand access to care coalition and formal linkages among organizations.
6. Integrate health impact into transportation improvement plans, especially for western suburbs and Waukegan.
7. Introduce technology improvements to promote referral and preventive care.
8. Advocate for expansion of mental health resources within the county.
9. Promote timely adoption of evidence-based practice to reach population health goals.

Group Composition and Perspectives:

Participants in this fourteen-member breakout group were selected for their subject matter expertise and/or interests relative to assuring effective entry for populations with barriers into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; ongoing "care management"; transportation services; targeted health information to high risk population groups; and technical assistance for effective worksite health promotion/disease prevention programs. Members included the two health department staff; one staff of a local Latino coalition; four staff of various population-focused social service organizations; one faith community staff; two hospital staff; one behavioral health provider; and one representative of a jobs training center, food service vendor, and an elder care agency.

EPHS 7: Overall Score – 55 *Significant* Rank – 5th
Agency Contribution to LPHSA – 75%

EPHS 8: Assure a Competent Public and Personal Health Care Workforce

Overall Score 55 - Significant Overall Ranking: 5th (tied ranking)

The instrument asks 44 questions to assess performance against four model standards and EPHS-specific indicators. EPHS 8 services include:

- Assessment of all of the workers within the local public health system (LPHS) (including agency, public, and private workers, volunteers, and other lay community health workers) to meet community needs for public and personal health services.
- Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.
- Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

SCORES FOR MODEL STANDARDS AND INDICATORS

8.1 Workforce Assessment, Planning and Development	**MODERATE**	**42**

Workforce assessment is the process of determining the competencies, skills, and knowledge; categories and number of personnel; and training needed to achieve public health and personal health goals. It includes the projection of optimal numbers and types of personnel and the formulation of plans to address identified workforce shortfalls or gaps. The LPHS establish a collaborative process to periodically determine the competencies, composition, and size of the public and personal health workforce that provides the Essential Public Health Services; identify and address gaps in the public and personal health workforce, ideally using information from the assessment; distribute information from the workforce assessment to community organizations, including governing bodies and public and private agencies, for use in their strategic and operational plans.

8.1.1 Assessment of the LPHS workforce	50
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	45
8.1.3 Dissemination of results of the workforce assessment /gap analysis	31

8.2 Public Health Workforce Standards	**OPTIMAL**	**100**

Organizations within the LPHS develop and maintain public health workforce standards for individuals who deliver and/or contribute to the Essential Public Health Services. Public health workforce qualifications include certifications, licenses, and education required by law or established by local, state, or federal policy guidelines. In addition, core and specific competencies that are needed to provide the Essential Public Health Services are incorporated into personnel systems. These standards are linked to job performance through clearly written position descriptions and regular performance evaluations. The LPHS are aware of and in compliance with guidelines and/or licensure/ certification requirements for personnel contributing to the Essential Public Health Services; periodically develop, use, and review job standards and position descriptions that incorporate specific competency and performance expectations; evaluate members of the public health workforce on their demonstration of core public health competencies and those competencies specific to a work function or setting and encourage staff to respond to evaluations and performance goal adjustments by taking advantage of continuing education and training opportunities. The LHD develops written job standards and/or position descriptions for all LHD personnel; conducts annual performance evaluations of personnel within the LHD.

8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100

SCORES FOR MODEL STANDARDS AND INDICATORS (continued)		
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	**MODERATE**	**47**
Continuing education and training include formal and informal educational opportunities. Experienced mentors and coaches are available to less experienced staff to provide advice and assist with skill development and other needed career resources. Opportunities are available for staff to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health disciplines. The LPHS respects diverse perspectives and cultural values and expects staff to demonstrate cultural competence in all interactions based on the dignity and value of each individual as a professional colleague or community member. The LPHS identify education and training needs and encourage opportunities for workforce development; provide opportunities for all personnel to develop core public health competencies; provide incentives (e.g., improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training; provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.		
8.3.1 Identification of education and training needs for workforce development		60
8.3.2 Opportunities for developing core public health competencies		29
8.3.3 Educational and training incentives		75
8.3.4 Interaction between personnel from LPHS and academic organizations		25
8.4 Public Health Leadership Development	**MODERATE**	**31**
LPHS leadership is demonstrated by both individuals and organizations that are committed to improving the health of the community. LPHS leadership may be provided by the local governmental public health entity, may emerge from the public and private sectors or the community, or may be shared by multiple stakeholders. The LPHS encourages the development of leadership capacity that is inclusive, representative of community diversity, and respectful of the community's perspective. The LPHS provide formal (e.g., educational programs, leadership institutes) and informal (e.g., coaching, mentoring) opportunities for leadership development for employees at all organizational levels; promote collaborative leadership through the creation of a public health system with a shared vision and participatory decision-making; assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources; provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.		
8.4.1 Development of leadership skills		25
8.4.2 Collaborative leadership		25
8.4.3 Leadership opportunities for individuals and/or organizations		50
8.4.4 Recruitment and retention of new and diverse leaders		25

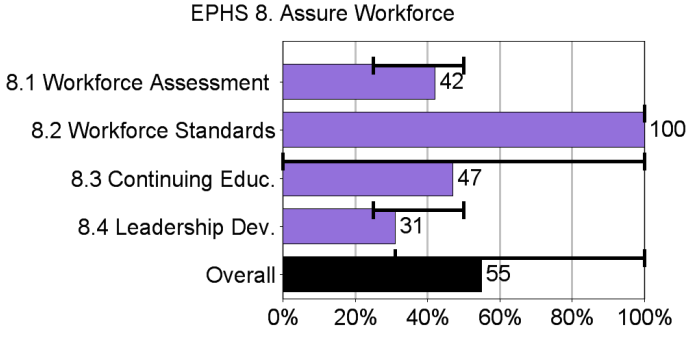


Figure 10
Model Standards for EPHS 8

Figure 10 displays the overall score for each model standard. In this snapshot, model standard 8.2 (standards) was ranked the highest possible score in the optimal activity range; while 8.3 (continuing education), 8.1 (assessment), and 8.4 (leadership dev) were all assessed in the moderate activity range. Indicators for model standards 8.1 and 8.2 are detailed on the previous page, and 8.3 and 8.4 indicators are reflected above.

Discussion Themes:

Strengths –

- Existing workforce training resources including medical school; community college; and proprietary institutes.
- Lake County Partners and County Workforce Development Office is conducting a formal workforce assessment of training needs and plan, including: assessment of the number of trained workers and number of job listings, and facilitated discussion between health care employers and training institutions to close workforce gaps.
- Existing resources (e.g. enrollment/certification tracking, tuition reimbursement) are well utilized. LHD Behavioral Health Training Group – low-cost/free educational seminars/ trainings for community organizations and residents.
- Community-based volunteer training resources.
- Medical school exploring innovative intra-agency, team training models – to promote awareness of system assets and understanding of patient navigation needs.

Weaknesses –

- Health care and public health workforce lacks diversity; communities suffering greatest health disparities are under-represented in the workforce.
- Workforce assessments are conducted within organizations, but not shared inter-agency or across sectors to promote effective recruitment. There is no assessment of the "current workforce''; however, agencies are assessing the skills specific and experience of individuals.
- Training programs closed as job opportunities disappeared.
- Costs of living hinder prospective workforce from pursuing health professions.
- Inconsistent and infrequent efforts to educate the legislature/government officials on workforce development needs.
- Workforce attrition is problematic: retirement of professionals creates workforce vacuum.
- Employers assume that workforce is fully trained, when they may not be prepared.

Recommended Strategies:

1. Clearly define public health competencies for the workforce.
2. Offer Continuing Education Units when trainings are offered for employees.
3. Expand 'distance-based' or online learning opportunities.
4. Expand health educator job opportunities and training.
5. Revisit definitions of diversity (e.g. disabilities) to assure that all Lake County residents and workers are considered in workforce development strategies.
6. Encourage partnership among large and small agencies; leverage partner assets so that employees of small organizations have the same opportunity to participate in training.

Group Composition and Perspectives:

Participants in this nine-member breakout group were selected for their expertise and direct involvement in education and training for personnel (including volunteers and other lay community health workers) to meet the needs for public and personal health service; efficient processes for licensure of professionals and certification of facilities with regular verification and inspection follow-up; adoption of continuous quality improvement and life-long learning within all licensure and certification programs; active partnerships with professional training programs to assure community-relevant learning experiences for all students; and life-long learning programs for all members of the public health workforce. Members included three health department staff; three colleges/universities staff (including one training center); one staff of sports/recreation organization; one multiservice organization staff; one environmental advocate; and one policy expert.

EPHS 8: Overall Score – 55 *Significant* Rank – 5th
Agency Contribution to LPHSA – 31%

Additional notes submitted by the workgroup following the event (August 2011):

- When defining core competencies, consider knowledge, abilities and skill sets that are most needed (e.g. project management, team leadership)
- Work with academics to address limited slots available
- Review seminars and short term trainings – what resources are most needed to develop the workforce and to develop competencies?
- Welch (RFU), Senator Garrett, Marvin(Abbott), and Manpower explored workforce development needs in past years
    - Efforts were not sustained, though health needs were discussed as priority
    - Pharmacy school at RFU
- Workforce safety standards are high for both workers and clients (e.g. OSHA, Joint Commission)
- Health care workforce outside of the delivery system (e.g. Abbott Research and Development) may not be reported as part of the system – not recognized as assets.
    - Consider strategies to tap this workforce subgroup for public health emergencies.
    - Consider how to provide health care with different types of workforce (e.g. nurse practitioners)

EPHS 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Overall Score 48 - Moderate Overall Ranking: 6th

The instrument asks 35 questions to assess performance against three model standards and EPHS-specific indicators. EPHS 9 services include:

- Evaluating the accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided.
- Providing information necessary for allocating resources and reshaping programs.

SCORES FOR MODEL STANDARDS AND INDICATORS

9.1 Evaluation of Population-Based Health Services	**MODERATE**	**48**

The local public health system (LPHS) regularly evaluates the accessibility, quality, and effectiveness of population-based health services and progress towards program goals. The LPHS has established performance criteria, or used externally established performance criteria to evaluate specific indicators for population-based services. The evaluation of population-based health services is built on the analysis of health status, service utilization, and community satisfaction data to assess program effectiveness and to provide information to allocate resources and reshape programs. The LPHS evaluates population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services; assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes; identifies gaps in the provision of population-based health services; uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.

9.1.1 Evaluation of population-based health services	38
9.1.2 Assessment of community satisfaction with population-based health services	28
9.1.3 Identification of gaps in the provision of population-based health services	50
9.1.4 Use of population-based health services evaluation	75

9.2 Evaluation of Personal Health Services	**SIGNIFICANT**	**57**

The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services, ranging from prevention services to acute care to hospice care. Special attention is given to the ability of community providers to deliver services across life stages and population groups. An important component of the evaluation is a survey of client satisfaction. The clients surveyed are representative of all actual and potential users of the system. The survey addresses satisfaction with access to the system by populations with barriers to personal health services, usability of the system by all clients, and inclusiveness of services. The organizations within the LPHS evaluate the accessibility, quality, and effectiveness of personal health services; evaluate personal health services against established standards; assess the satisfaction of clients (including those at increased risk of negative health outcomes); use information technology to assure quality of personal health services and communication among providers; use evaluation findings to modify their strategic and operational plans and to improve services and programs.

9.2.1.In Personal health services evaluation	58
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	75
9.2.4 Information technology to assure quality of personal health services	25
9.2.5 Use of personal health services evaluation	50

SCORES FOR MODEL STANDARDS AND INDICATORS (continued)		
9.3 Evaluation of the Local Public Health System	**MODERATE**	**40**
A local public health system includes all public, private, and voluntary entities, as well as individuals and informal associations that contribute to the delivery of the Essential Public Health Services within a jurisdiction. The evaluation focuses primarily on the performance of the LPHS as a whole. The evaluation findings are regularly used to inform the community health improvement process and to improve services and programs. The LPHS identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services; evaluates the comprehensiveness of LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the evaluation process; assesses the effectiveness of communication, coordination, and linkage among LPHS entities; uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.		
9.3.1 Identification of community organizations or entities that contribute to the EPHS		75
9.3.2 Periodic evaluation of LPHS		50
9.3.3 Evaluation of partnership within the LPHS		8
9.3.4 Use of LPHS evaluation to guide community health improvements		25

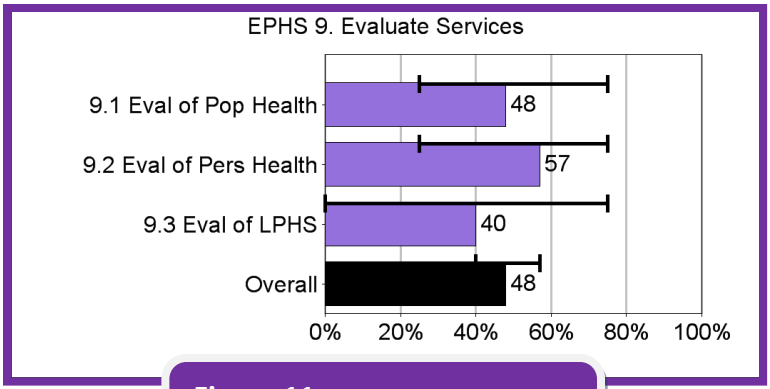


Figure 11
Model Standards for EPHS 9

Figure 11. In this snapshot, model standard 9.2 (evaluation of personal health services) ranked in the significant activity range; while 9.1 (evaluation of population health) and 9.3 (evaluation of the local PH system) were ranked in the moderate activity range. Indicators for model standards 9.1-9.2 are detailed on the previous page; model standard 9.3 details are noted above.

Discussion Themes:

Strengths –

- Existing capacity and practices to set goals for and measure progress for component programs; staff capacity within organizations to manage evaluations (e.g. school practices).
- Hospitals and federally qualified health centers all participate in state and federal health care quality systems.

Weaknesses –

- No common population health goals are recognized; no system evaluation framework exists.
- In the absence of a common system evaluation, there is no evidence to suggest that population health data is consistently used by organizations in their strategic plans.

Recommended Strategies:

1. Pilot an assessment of current evaluation practices within Lake County organizations that actively contribute to the public health system; and determine needs/interests in technical assistance to promote best practice.
2. Formalize a system evaluation component that aligns with performance improvement goals and clarifies responsibilities for component organizations.

Group Composition and Perspectives:

Participants in this fourteen-member breakout group were selected based on their subject matter expertise and/or interests relative to ongoing evaluation of personal and population-based health services; and effective use of evaluation results to allocate resources and reshape programs. Members included the two health department staff; one staff of a local Latino coalition; four staff of various population-focused social service organizations; one faith community staff; two hospital staff; one behavioral health provider; and one representative of a jobs training center, food service vendor, and an elder care agency.

EPHS 9: Overall Score – 48 *Moderate* Rank – 6th
Agency Contribution to LPHSA – 75%

Additional notes submitted by the workgroup following the event (August 2011):

- Discussion of system strengths and weaknesses generated appropriate recommendations; however, to make substantive progress, partners must agree on the performance improvement framework, commit organizational resources (e.g. in kind staff time), and agree on common data standards and measures. An action plan must take limited resources into account.

EPHS 10: Research for New Insights and Innovative Solutions to Health Problems

Overall Score 41 - Moderate Overall Ranking: 7th

The instrument asks 16 questions to assess performance against three model standards and EPHS-specific indicators.
EPHS 10 services include:

- A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.
- Linkages with institutions of higher learning and research.
- Capacity to undertake timely epidemiological and health policy analyses and conduct health systems research.

SCORES FOR MODEL STANDARDS AND INDICATORS

10.1 Research for New Insights and Innovative Solutions to Health Problems	**MODERATE**	**31**

Organizations within the local public health system (LPHS) foster innovation to strengthen public health practice. Innovation includes practical field-based efforts to foster change in public health practice as well as academic efforts to encourage new directions in scientific research. The LPHS enables staff to identify new solutions to health problems in the community by providing the time and resources for staff to pilot test or conduct studies to determine the feasibility of implementing new ideas; proposes public health issues to organizations that do research for inclusion in their research agendas; researches and monitor best practice information from other agencies and organizations at the local, state, and national level; encourages community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public).

10.1.1 Encouragement of new solutions to health problems	25
10.1.2 Proposal of public health issues for inclusion in research agenda	25
10.1.3 Identification and monitoring of best practices	50
10.1.4 Encouragement of community participation in research	25

10.2 Linkages with Institutions of Higher Learning and/or Research	**SIGNIFICANT**	**50**

The LPHS establishes a wide range of relationships with institutions of higher learning and/or research organizations, including patterns of mutual consultation, and formal and informal affiliation. The LPHS establishes linkages with other research organizations. The LPHS links with one or more institutions of higher learning and/or research organizations to co-sponsor continuing education programs. The LPHS develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations; partners with institutions of higher learning or research to conduct research activities related to the public's health, including community-based participatory research; encourages collaboration between the academic/research and practice communities, including field training experiences and continuing education opportunities.

10.2.1 Relationships with institutions of higher learning and/or research organizations	50
10.2.2 Partnerships to conduct research	50
10.2.3 Collaboration between the academic and practice communities	50

10.3 Capacity to Initiate or Participate in Research	**MODERATE**	**41**

Organizations within the LPHS initiate and/or participate in research that contributes to epidemiological and health policy analyses and improved health system performance. The capacity to initiate or participate in timely epidemiological, policy, and health systems research begins with ready access to researchers with the knowledge and skill to design and conduct research in those areas. This capacity also includes the availability of resources, such as a technical library, on-line services, and information technology. Capacity also includes facilities for analyses, and the ability to disseminate and apply research findings to improve public health practice. The LPHS includes or has access to researchers with the knowledge and skill to design and conduct health-related studies; ensures the availability of resources (e.g., databases, information technology) to facilitate research; disseminates research findings to public health colleagues and others (e.g., publication in journals, websites); evaluates the development, implementation, and impact of LPHS research efforts on public health practice.

10.3.1 Access to researchers	50
10.3.2 Access to resources to facilitate research	50
10.3.3 Dissemination of research findings	25
10.3.4 Evaluation of research activities	38

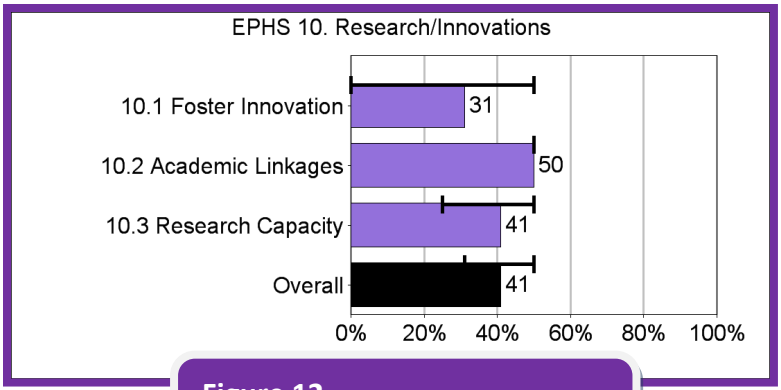


Figure 12
Model Standards for EPHS 10

Figure 12 displays the overall score for each model standard. In this snapshot, all model standards ranked in the optional range. 10.2 (academic linkages) ranked at the highest possible score in the moderate range; 10.3 (research capacity) and 10.1 (foster innovation) ranked lower, but still in the moderate activity range. Indicators for 10.1-10.3 are detailed on the previous page.

Discussion Themes:

Strengths –

- Evidence-based practices for primary care and behavioral health.
- Collaborative, evidence-based intervention pilots in North Chicago; findings from local CATCH grant-funded investigations.
- Existing Lake County innovative corridor for business and academic research.

Weaknesses –

- Lack of administration/management time to devote to development of relationships; and to support effective communications.
- Barriers to cooperation posed by differing legal standards across organizations; constant need to jump hoops or consider how to streamline systems to be better prepared to act nimbly as opportunities emerge.
- Differing assumptions among community players: partners are not on the same page or are not equipped to communicate solutions in a consistent, collaborative manner. Example – Abbott gift of Care Coach Van now being transferred to RFU after years of use by Lake Forest Hospital.

Recommended Strategies:

1. Pilot an assessment of current practice-based research partnerships within Lake County organizations that actively contribute to the public health system; and determine needs/interests in technical assistance to formalize a common research agenda and/or promote best practice.
2. Discuss need for and interest in a system research agenda to assist decision-makers in priority setting; and to facilitate collaboration planning with academic partners.
3. Assess willingness to participate in proactive grants to promote strategic collaboration among partners to maximize impact, and minimize competition for limited grant funding.

Group Composition and Perspectives:

Participants in this nine-member breakout group were invited based on their subject matter expertise and/or interests relative to practical field-based innovations to foster change in public health practice, and new directions in scientific research; linkages with appropriate academic and research institutions; and an internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research. Members included three health department staff; three colleges/universities staff (including one training center); one staff of sports/recreation organization; one multiservice organization staff; and one environmental advocate.

EPHS 10: Overall Score – 41 *Moderate* Rank – 7th
Agency Contribution to LPHSA – 50%

Additional notes submitted by the workgroup following the event (August 2011):

- More discussion is needed to define what public health research means as opposed to clinical or medical research. What research is needed to improve community health?
- Evidence based profiles may exist, but community partners may not be aware of them or know how to access them. Partners should consider communication and coordination to avoid duplication of effort.
- Partners need guidance to translate evidence into practice.
- Board and staff need training to understand current guidelines regarding application of evidence-based practice.

Optional Section: Agency Contribution to Performance

In addition to measuring overall system performance, the NPHPSP Local Assessment assesses the contribution of the state public health agency to the total system effort for each essential public health service. Participants indicated the agency contribution using the numeric voting scale of 0-25%; 26-50%; 51-75%; 76-100%. The results for this section represent only the percent of the total effort, not a value relative to the agency or system performance. The agency contribution does not alone indicate strength or weakness for a given measure. The descriptors used to assess system performance relative to essential services and standards in other sections of the assessment are, therefore, not used when assessing agency contribution.

Planners should consider whether the agency is contributing an appropriate level service and whether any change in that contribution would influence system performance. To assist in future performance improvement efforts, the NPHPSP detailed report includes a guide to understand the relationship of agency effort to performance. Prompt questions help users to analyze the relationship using four categories: low performance/high contribution (Quadrant I); high performance/high contribution (Quadrant II); high performance/low contribution (Quadrant III); low performance/low contribution (Quadrant IV). In some cases, users will decide that the agency effort is appropriate.

Table 5 Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	50%	Optimal (97)	Quadrant III
2. Diagnose And Investigate Health Problems and Health Hazards	75%	Optimal (100)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	67%	Optimal (81)	Quadrant II
4. Mobilize Community Partnerships to Identify and Solve Health Problems	50%	Moderate (40)	Quadrant IV
5. Develop Policies and Plans that Support Individual and Community Health Efforts	56%	Optimal (90)	Quadrant II
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	83%	Optimal (100)	Quadrant II
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	75%	Significant (55)	Quadrant I
8. Assure a Competent Public and Personal Health Care Workforce	31%	Significant (55)	Quadrant IV
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	75%	Moderate (48)	Quadrant I
10. Research for New Insights and Innovative Solutions to Health Problems	50%	Moderate (41)	Quadrant IV

Appendix 1: CDC/NPHPSP Report of Results for Local Public Health System Assessment

The National Public Health Performance Standards Program
Local Public Health System Performance Assessment
Report of Results

The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low

performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

Appendix 2: Retreat Agenda for Lake County Local Public Health System Assessment

Lake County Public Health System Assessment Forum
June 10, 2011
Agenda

8:00 – 8:30	Registration Continental Breakfast	Rhoades Aud. Lobby
8:30 – 9:30	Welcome Opening Remarks Agenda/Instructions NPHPSP Orientation Review	Rhoades Auditorium
9:30 – 9:45	Transition	
9:45 – 12:15	<u>Breakout Session 1</u>	
	Group 1 (Essential Service 1)	Faculty Lounge
	Group 2 (Essential Service 3)	1.356-BSB
	Group 3 (Essential Service 5)	Board Room
	Group 4 (Essential Service 7)	1.704-HSB
	Group 5 (Essential Service 8)	2.704-HSB
12:15-1:00	Lunch	Student Union
1:00 – 3:15	<u>Breakout Session 2</u>	
	Group 1 (Essential Service 2)	Faculty Lounge
	Group 2 (Essential Service 4)	1.356-BSB
	Group 3 (Essential Service 6)	Board Room
	Group 4 (Essential Service 9)	1.704-HSB
	Group 5 (Essential Service 10)	2.704-HSB
3:30 – 4:00	Wrap Up and Next Steps	Rhoades Auditorium

Appendix 3: Breakout Groups/Participant Assignments with Group Descriptions

Lake County Public Health System Assessment Forum – Breakout Group 1

Group One: Essential Services 1 & 2

#1: Monitor health status to identify and solve community health problems: *(Or "What's going on in our community? Do we know how healthy we are?")* This service includes accurate diagnosis of the community's health status; identification of threats to health and assessment of health service needs; timely collection, analysis, and publication of information on access, utilization, costs, and outcomes of personal health services; attention to the vital statistics and health status of specific-groups that are at higher risk than the total population; identification of community assets and resources that support the local public health system in promoting health and improving quality of life; utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences; and collaboration to manage integrated information systems with private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

#2: Diagnose and investigate health problems and health hazards in the community: *(Or "Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?")* This service includes epidemiologic identification of emerging health threats; public health laboratory capability using modern technology to conduct rapid screening and high volume testing; active infectious disease epidemiology programs; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury, environmental hazards and other health hazards.

LOCATION: *FACULTY LOUNGE* / **FACILITATOR:** *PEGGY IVERSON* / **NOTETAKER:** *KATHY POSEGATE*

First Name	Last Name	Company
Liz	Nelson	Lake County Health Department
Victor	Plotkin	Lake County Health Department
Jack	Mills	Lake County Health Department
Dr. John	Schwab	City of Waukegan
Nancy	Dunn	Former Winchester House Nurse
Sarah	Allen	Rosalind Franklin University of Medicine and Science
Margaret	Kyriakos	College of Lake County HIT Program
Lisabeth	Risley	Veterans Assistance Commission of Lake County
James	Murphy	Access Community Health
John	Tomkowiak	Rosalind Franklin University
Kendra	Nowak	CAPT James A. Lovell Federal Health Care Center
Ernest	Vasseur	Healthcare Foundation of Northern Lake County
Gary E.	Pickens	Lake County Regional Office of Education
Robin B.	Zacher	Northwestern Lake Forest Hospital

Lake County Public Health System Assessment Forum – Breakout Group 2

Group Two: Essential Services 3 & 4

#3: Inform, educate, and empower people about health issues: *(Or "How well do we keep all people and segments of our community informed about health issues?")* This service involves social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, personal care providers, worksites and others.

#4: Mobilize community partnerships and action to identify and solve health problems: *(Or "How well do we really get people and organizations engaged in health issues?")* This service involves convening and facilitating community groups and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs; and skilled coalition-building ability in order to draw upon the full range of potential human and material resources in the cause of community health.

LOCATION: *BSB 1.356* **/ FACILITATOR:** *MICHELE FISHBURN* **/ NOTETAKER:** *CONNIE CORDOVA*

First Name	Last Name	Company
Robert	Grum	Lake County Health Department
Leslie	Piotrowski	Lake County Health Department
Cynthia	Gibson-Dyse	Family First Center of Lake County
Nan	Buckardt	Lake County Forest Preserves
Olivia	Diaz	El PUENTE LATINO
Sam	Johnson	LCHD/CHC Behavioral Health Services
Susan	McKnight	LCHD/CHC Behavioral Health Services
Mitchell	Jones	Community Youth Network
Dr. Martha	Angel	Arden Shore Child and Family Services
Lauren	Justin	Community
Kathleen	Gregory	Access Community Health
Kathy	Ryg	Voices for Illinois Children
Susan	Kostner	Ela Township
Laurel	Tustison	YouthBuild Lake County
Sylvia M.	Zaldivar	The Lake County Community Foundation

Group Three: Essential Services 5 & 6

#5: Develop policies and plans that support individual and community health efforts: *(Or "What policies promote health in our state and community? How effective are we in planning and in setting health policies?")* This service requires leadership development at all levels of public health; systematic community-level and state-level planning for health improvement in all jurisdictions; development and tracking of measurable health objectives as a part of continuous quality improvement strategies; joint evaluation with the medical health care system to define consistent policy regarding prevention and treatment services; alignment of local public health system resources and strategies with the community health improvement plan; and development of codes, regulations and legislation to guide the practice of public health.

#6: Enforce laws and regulations that protect health and ensure safety: *(Or "When we enforce health regulations are we up-to-date, technically competent, fair and effective?")* This service includes the review, evaluation, and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance; involves full enforcement activities in areas of public health concern including, but not limited to, sanitary codes (especially in the food industry), the protection of drinking water; enforcement of clean air standards; regulation of care provided in health care facilities and programs; re-inspection of workplaces following safety violations; enforcement of laws governing the sale of alcohol and tobacco to minors; seat belt and child safety seat usage; childhood immunizations; timely follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; monitoring quality of medical services (e.g. laboratory, nursing homes, and home health care); and timely review of new drug, biologic, and medical device applications.

LOCATION: *BOARD ROOM* / **FACILITATOR:** *ELISSA BASSLER* / **NOTETAKER:** *WANDA BURNS*

First Name	Last Name	Company
Mark	Pfister	Lake County Health Department
Mary	Olson	Waukegan School District
Greg	Moisio	Waukegan High School
Dr. Sara	Parvinian	Children's Health Center
Barb	Karacic	Most Blessed Trinity Parish
Edye	Wagner	Northwestern Lake Forest Hospital
Janice	Mahnich	Abbott
Carmen	Patlan	Most Blessed Trinity Catholic Church
James C.	Zimmerman	Health Reach Inc.
Hania	Fuschetto	Highland Park Hospital
Kathy	Lapacek	Advocate Condell Medical Center
Donna	Zradicka	Advocate Condell Medical Center
Irene	Pierce	Lake County Health Department

Ann	Maine	Lake County Forest Preserve District
Paul	Geiselhart	Audubon Society
Cindy	Skrukrud	Sierra Club
K. Michael	Welch	Rosalind Franklin University of Medicine and Science
Don	Hansen	Village of Mundelein Police Department

Lake County Public Health System Assessment Forum – Breakout Group 4

Group Four: Essential Services 7 & 9

#7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable: *(Or "Are people receiving the medical care they need?")* This service (often referred to as "outreach" or "enabling" services) includes assuring effective entry for populations with barriers into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; ongoing "care management"; transportation services; targeted health information to high risk population groups; and technical assistance for effective worksite health promotion/disease prevention programs.

#9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services: *(Or "Are we doing any good? Are we doing things right? Are we doing the right things?")* This service calls for ongoing evaluation of personal and population-based health services, based on analysis of health status and service utilization data, to assess program effectiveness, accessibility and quality; and to provide information necessary for allocating resources and reshaping programs.

LOCATION: *HSB 1.204* / **FACILITATOR:** *JIM BOYD* / **NOTETAKER:** *NICHOLE JOOS*

First Name	Last Name	Company
Jennifer	Malchow	Chartwells-Mundelein SD 75
Linda	Keating	Holy Cross Lutheran Church
Nora	Barquin	Family Network
Pat	Donald	Lake County Health Department
Elizabeth	Heneks	ChildServ
Deb	Newman	LCHD/CHC Behavioral Health Services
Wendy	Callan	Advocate Condell Medical Center
Mary Ellen	Saunders	ElderCARE@ChristChurch
Kristi	Long	United Way of Lake County
Dora	Maya	Arden Shore Child and Family Services

Cesilie	Price	Boys and Girls Club of Lake County
David	Fries	Catholic Charities
Lisa	Johnson	Independence Center
Dr. Mary	Henderson	NICASA
Jeanne	Ang	Lake County Health Department
Jenny	Prescia	Northwestern Lake Forest Hospital
Elizabeth	Rosiles	YWCA of Lake County/ The Latino Coalition

Lake County Public Health System Assessment Forum – Breakout Group 5

Group Five: Essential Services 8 & 10

#8: Assure a competent public and personal health care workforce: *(Or "Do we have a competent public health staff? How can we be sure that our staff stays current?")* This service includes education and training for personnel (including volunteers and other lay community health workers) to meet the needs for public and personal health service; efficient processes for licensure of professionals and certification of facilities with regular verification and inspection follow-up; adoption of continuous quality improvement and life-long learning within all licensure and certification programs; active partnerships with professional training programs to assure community-relevant learning experiences for all students; and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development, including continuing education in management and leadership development programs for those charged with administrative/executive roles.

#10: Research for new insights and innovative solutions to health problems: *(Or "Are we discovering and using new and improved ways to get the job done?")* This service includes a continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research; linkage with appropriate institutions of higher learning and research; and an internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

LOCATION: *HSB 2.704* / **FACILITATOR:** *SARAH RITTNER* / **NOTETAKER:** *RON JAKUBISIN*

First Name	Last Name	Company
Carol	Sternal	Cherished Children Early Learning Center, Inc.
Gary	Bennett	Slammers Baseball/Softball Academy
Jake	McKelvy	Northwestern Lake Forest Hospital
Angela K.	Baldwin	Girls Scouts of Greater Chicago and Northwest Indiana
Sophie B.	Twichell	Friends of Ryerson Woods
Michael	Taitel	Walgreens

Denise	Anastasio	College of Lake County
Phyllis	DeMott	A Safe Place
Ted	Testa	Lake County Health Department
Lisa	Fields	Intervention Arms Medical Center
Rosanne	Thomas	Rosalind Franklin University of Medicine and Science
Evelyn	Chenier	Family First Center of Lake County
Lorraine	Harris	Lake County Health Department
Beth	Marks	UIC Rehabilitation Research Training Center
Marvin	Bembry	Abbott Laboratories

Appendix 4: LPHSA Orientation Slides

Pre-assessment Orientation

Host
Illinois Public Health Institute

Participant Orientation for the Local Public Health System Assessment Retreat

NPHPSP

NPHPSP
National Public Health Performance Standards Program

Overview

Laurie Call
Director
Center for Community Capacity Development
Illinois Public Health Institute
Laurie.call@iphionline.org

NPHPSP

Objectives

As a result of participating in this session, participants will be able to:

- Describe the National Public Health Performance Standards Program (NPHPSP).
- Describe the 10 Essential Public Health Services.
- Explore how their organization or agency addresses the 10 Essential Public Health Services.

NPHPSP

Objectives

As a result of participating in this session, participants will be able to:

- Understand the Local Public Health System Assessment (LPHSA) tool and how it will be facilitated.
- Explain benefits, value or purpose of the LPHSA process and results.
- Identify where to find additional information and resources to prepare for participating in the assessment.

NPHPSP

The MAPP Framework

- Use of NPHPSP within MAPP ensures broad-based involvement
- MAPP provides the process for addressing strengths and weaknesses

www.naccho.org/MAPP

NPHPSP

MAPP Overview

NPHPSP

4 Assessments in MAPP

Local Public Health System Assessment (LPHSA)

- *What are the components, activities, competencies, and capacities of your LPHS?*
- *How are the essential services being provided to our community?*

Community Health Status Assessment (CHSA)

- *How healthy are our residents?*
- *What does the health status of our community look like?*

Community Themes and Strengths Assessment (CTSA)

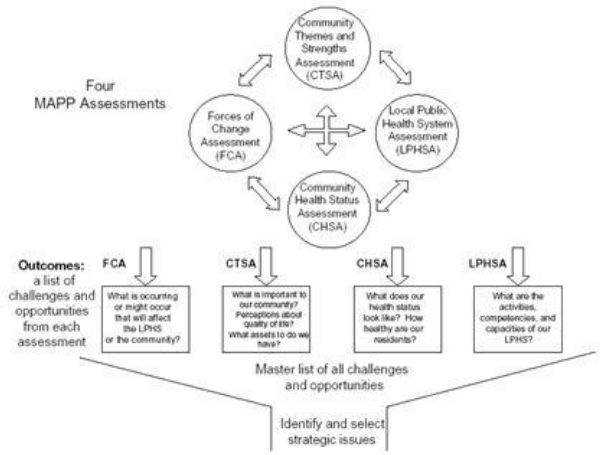
- *What is important to your community?*
- *How is quality of life perceived in our community?*
- *What are the assets and resources in your community?*

Forces of Change Assessment (FOCA)

- *What is occurring or might occur that affects the health of our community or LPHS?*
- *What specific threats or opportunities are generated by these occurrences?*

NPHPSP

Four MAPP Assessments Flowchart



NPHPSP

National Public Health Performance Standards Program

National Public Health Performance Standards Program Overview

NPHPSP

NPHPSP Vision

A partnership effort
to improve the
quality of
public health practice
and
performance of
public health systems

NPHPSP

Partners

- **CDC** – Overall lead for coordination
- **ASTHO** – Develop and support state instrument
- **NACCHO** – Develop and support local instrument; MAPP
- **NALBOH** – Develop and support governance instrument
- **APHA** –Marketing and communications
- **PHF**- Performance improvement; data collection and reporting system
- **NNPHI** – Support through institutes, training workshop and user calls

NPHPSP

Three NPHPSP Instruments

State **Local** **Governance**

NPHPSP

History of the NPHPSP

- **Key Dates**
  - Began in 1998
  - Version 1 instruments released in 2002
  - Version 1 instruments used in more than 30 states (2002-2007)
  - Development of Version 2 instruments (2005-2007)
  - Version 2 released in Fall 2007

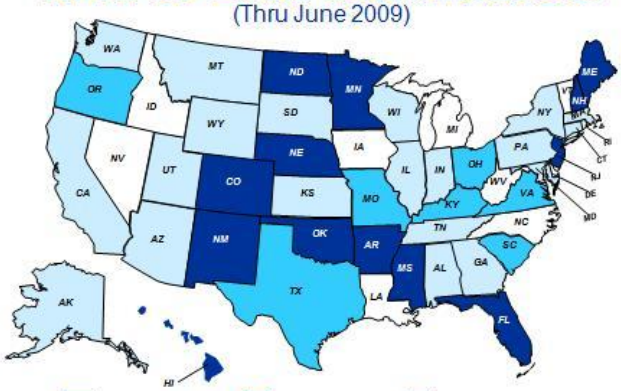
Currently Re-engineering the tools for V3

- **Comprehensive Development of Instruments**
  - Practice-driven development by CDC and ASTHO, NACCHO and NALBOH Work Groups
  - Field testing
  - Validation studies

NPHPSP

NPHPSP Local Instrument Use

(Thru June 2009)



Significant Use (67% or greater) | Moderate Use (33% - 66%) | Limited Use (1% - 32%)

*Also includes sites using field test versions of the NPHPSP Local Public Health System Performance Assessment.

NPHPSP Use in the Field

- **Reasons for Using NPHPSP – State and Local**
  - Establish a baseline measure of performance
  - Wanted a nationally developed & recognized assessment tool to help improve performance
  - NPHPSP the best tool available for improving public health system effectiveness
  - Was part of the MAPP process *(local users only)*

*State evaluation data gathered through ASTHO survey 10/05-1/06 – 80% response rate (9 respondents reporting completion of State NPHPSP). Local evaluation data gathered through NACCHO survey to known NPHPSP and MAPP users in 01/06 – 05/06; 212 total respondents (149 respondents reporting completion of Local NPHPSP).

NPHPSP

Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services
2. Focus on the overall public health system
3. Describe an optimal level of performance
4. Support a process of quality improvement

NPHPSP

1 The Essential Services as a Framework

- Provides a foundation for any public health activity
- Describes public health at both the state and local levels
- Instruments include sections addressing each ES

NPHPSP

PUBLIC HEALTH IN AMERICA

Public Health..

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

NPHPSP

The Essential Public Health Services

1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate and empower people
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent workforce - public health and personal care
9. Evaluate health services
10. Conduct research for new innovations

NPHPSP

2 Focus on the "System"

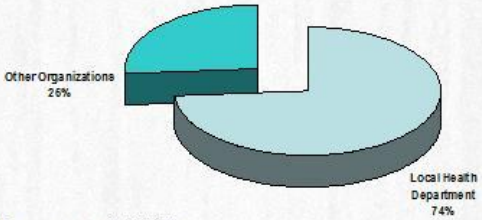
- More than just the public health agency
- "Public health system"
  - All public, private, and voluntary entities that contribute to public health in a given area.
  - A network of entities with differing roles, relationships, and interactions.

  - All entities contribute to the health and well-being of the community.

NPHPSP

What Constitutes a Public Health System?

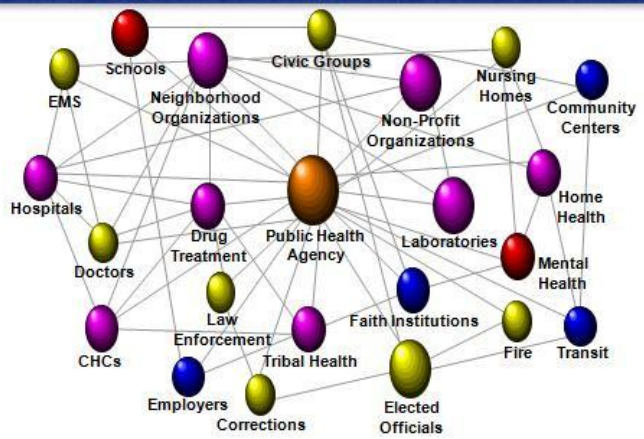
Proportion of Local Public Health Effort Contributed by LHDs and Other Organizations, 1996



Halverson et al. 1996

NPHPSP

Public Health System



A Well-Functioning Public Health System has...

- Strong partnerships, where partners recognize they are part of the PHS
- Effective channels of communication
- System-wide health objectives
- Resource sharing
- Leadership of governmental ph agency
- Feedback loops among state, local, federal partners

NPHPSP

Our goal is an integrated system of partnerships

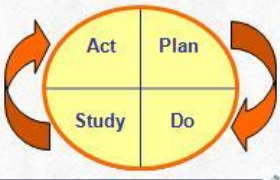
3 Optimal Level of Performance

- Each performance standard represents the "gold standard"
- Provide benchmarks to which state and local systems can strive to achieve
- Stimulate higher achievement

NPHPSP

4 Stimulate Quality Improvement

- Standards should result in identification of areas for improvement
- Link results to an improvement process
- NPHPSP Local Instrument - used within the MAPP planning process



NPHPSP

Preparing for YOUR Participation in the LPHSA

- Review the LPHSA Tool
  http://www.cdc.gov/od/ocphp/nphpsp/documents/07_110300%20Local%20Booklet.pdf
- 4 Concepts Applied
  - ➢10 Essential Services as Framework
  - ➢Focus on "System"
  - ➢Optimal Level of Performance
  - ➢Stimulate Quality Improvement
- Begin thinking about how your organization fits…

NPHPSP

Questions to Consider

1. ***How does your organization's work fit into each Essential Public Health Service?***
2. ***How good is the collective effort of public, private and voluntary organizations at achieving the model standards for each Essential Public Health Service?***
3. ***What are some specific examples that explain your response?***

NPHPSP

NPHPSP
National Public Health Performance Standards Program

Local Public Health System Assessment (LPHSA) Overview

NPHPSP

ES 1 - Monitor Health to Identify and Solve Community Health Problems

- Accurate, periodic **assessment** of the **community's health status**, including:
  - Identification of health risks
  - Attention to vital statistics and disparities
  - Identifications of assets and resources
- Utilization of methods and technology (e.g., GIS) to **interpret and communicate data**
- Population health **registries**

ES 2 - Diagnose and Investigate Health Problems and Hazards in the Community

- Timely **identification and investigation** of health threats
- Availability of **diagnostic services**, including laboratory capacity
- **Response plans** to address major health threats

ES 3 - Inform, Educate, and Empower People About Health Issues

- Initiatives using **health education and communication sciences** to:
  - Build knowledge and shape attitudes
  - Inform decision-making choice
  - Develop skills and behaviors for healthy living
- Health **education and health promotion partnerships** within the community to support healthy living
- **Media advocacy** and **social marketing**

ES 4 - Mobilize Community Partnerships to Identify and Solve Health Problems

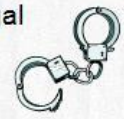
- Constituency development and identification of **system partners** and stakeholders
- **Coalition development**
- Formal and informal **partnerships** to promote health improvement

ES 5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- **Policy development** to protect health and guide public health practice
- Community and state **planning**
- **Alignment of resources** to assure successful planning

ES 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety

- **Review, evaluation, and revision** of legal authority, laws, and regulations
- **Education** about laws and regulations
- **Advocating** of regulations needed to protect and promote health
- Support of **compliance** efforts and enforcement as needed



NPHPSP

ES 7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

- **Identifying populations** with barriers to care
- **Effective entry** into a **coordinated system** of clinical care
- Ongoing **care management**
- **Culturally appropriate** and targeted health **information** for at risk population groups
- Transportation and other **enabling services**

NPHPSP

ES 8 - Assure a Competent Public and Personal Healthcare Workforce

- **Assessment** of the public health and personal health workforce
- Maintaining public health workforce **standards**
  - Efficient processes for licensing / credentialing requirements
  - Use of public health competencies
- **Quality improvement** and life-long learning
  - Leadership development
  - Cultural competence

NPHPSP

ES 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

- Evaluation answers:
  - Are we **doing things right**?
  - Are we **doing the right things**?
- Evaluation must be **ongoing and should examine**:
  - Personal health services
  - Population based services
  - The public health system
- Evaluation should **drive resource allocation** and **program improvement**

NPHPSP

ES 10 - Research for New Insights and Innovative Solutions to Health Problems

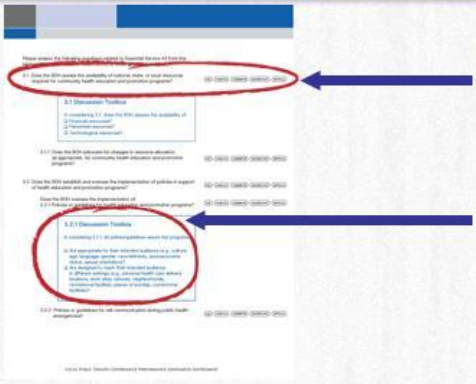
- **Identification and monitoring** of innovative solutions and cutting-edge research to advance public health
- **Linkages** between public health **practice and academic** / research settings
- Epidemiological studies, health policy analyses and health systems **research**.

NPHPSP

Instrument Format

NPHPSP

Instrument Format



Measures or Questions

Discussion Toolbox

NPHPSP

Framework for the Assessment

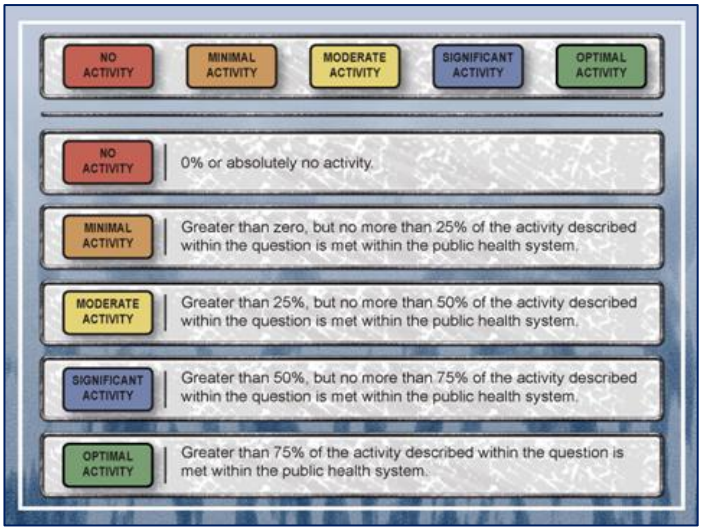
- Your facilitator will facilitate open discussion of local model standards
  - Will draw out different points of view
  - Will gather ratings on system performance on each question
  - Will keep the process moving!
- Your role as a participant
  - Be prepared to engage in discussion of collective performance of the system
  - Actively listen to your colleagues

NPHPSP

Determining Responses

- **Think about the focus of the question:**
  - Dispersion through program areas
  - Dispersion through out the entire community
  - Participation among many system partners
  - Frequency of activity
  - Quality of activity
- **Use discussion toolboxes if available**
- **One final set of responses (scores) should be developed**

NPHPSP



Using Discussion Toolboxes

1.1.2.12 Has the LPHS identified the individuals or organizations responsible for contributing data and /or resources to produce the CHP?

1.1.2.12 Discussion Toolbox
In considering 1.1.2.12, do any of the following contribute data and/or resources to the development of the CHP:
- ❑ Local health department?
- ❑ University or academic institution(s)?
- ❑ Private consultant(s)?
- ❑ Health/hospital system(s)?
- ❑ Managed care organization(s)?
- ❑ Other public sector agency or governmental entity(ies)?
- ❑ State level agency or organization(s)?
- ❑ National level agency or organization(s)?
- ❑ Community-based organization(s)?
- ❑ The general public?

NPHPSP

Local Public Health Agency Questions

- **LPHA leadership question in each Essential Service**
- **Agency Contribution Question**
  - What proportion of the collective efforts of the local public health system in this model standard are directly contributed by the local public health department?

NPHPSP

What to Expect at the LPHSA Retreat

- Relationship Building and Networking
- Working Session (refer to your local materials/ agenda)
- Collaborative Effort
- Contributing to a community assessment and strategic planning process to improve public health in your community
- Further opportunities to contribute

NPHPSP

NPHPSP
National Public Health Performance Standards Program

Value of Assessment for Performance Improvement

NPHPSP

Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services
2. Focus on the overall public health system
3. Describe an optimal level of performance
4. Support a process of quality improvement

NPHPSP

Systems Performance Improvement: A Definition

- Positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. SPI involves:
  - ➢strategic changes to address public health system weaknesses
  - ➢ongoing efforts to maintain well-performing services
  - ➢systems improvements leading to better outcomes

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Sample Report

How Did We Perform in the Ten Areas of Essential Public Health Services (EPHS)?

EPHS		Score
1	Monitor Health Status to Identify Community Health Problems	45
2	Diagnose and Investigate Health Problems and Health Hazards	82
3	Inform, Educate, and Empower People about Health Issues	32
4	Mobilize Community Partnerships to Identify and Solve Health Problems	16
5	Develop Policies and Plans that Support Individual and Community Health Efforts	81
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	97
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	60
8	Assure a Competent Public and Personal Health Care Workforce	56
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	35
10	Research for New Insights and Innovative Solutions to Health Problems	60
Overall Performance Score		56

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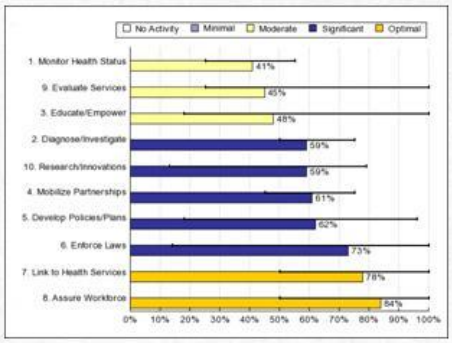
NPHPSP Reports (Example)

How well did we perform the ten EPHS?

- Rank ordered performance scores for each Essential Service, by level of activity



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A Reminder about the Importance of Planning

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Next Steps

- Reflect on the Questions on Slide 28 (see worksheet)
- Review Participant Materials with Emphasis on the Essential Service Model Standards for the Break-Out Group You Are Assigned
- For More Info on NPHPSP, visit: http://www.cdc.gov/od/ocphp/nphpsp/
- Arrive Early for Breakfast and Check-in
- Dress in Layers for your Comfort

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NPHPSP
National Public Health Performance Standards Program

Thank you for your participation.

The Illinois Public Health Institute provides local Technical Assistance and support with administering the LPHSA and with planning and facilitating the MAPP process. For TA, contact Laurie Call at the Center for Community Capacity Development at IPHI.

Contact Laurie at laurie.call@iphionline.org

Appendix 5: LPHSA Event Follow Up Survey Results

Question 1

Did you view the Orientation Webinar prior to the Assessment retreat on June 10th?

Answer Options	Response Percent	Response Count
Yes	44.2%	19
No	55.8%	24
answered question		43
skipped question		0

Question 2

Based on your viewing of the Orientation Webinar, please rate the items below based on the scale '1' being 'very poor' and '5' being 'excellent.'

Answer Options	1	2	3	4	5	Rating Average	Response Count
Webinar Audio/Sound	5	3	7	4	0	2.53	19
Presenter Knowledge	0	0	2	13	3	4.06	18
Webinar Content	0	1	5	10	2	3.72	18
Preparing me for the assessment retreat	0	2	5	9	2	3.61	18
answered question							19
skipped question							24

Question 3

Please list any additional information that would have been helpful to prepare you for participating in the assessment.

Responses
I appreciated the organization of the day-both planning ahead and the "day of" organization
Availability of handout of the power point on the webinar
That was an excellent idea for group to view webinar first so we are all on the same page
Reiterate the definitions of optimal, minimal, etc. actually given on the slides; they were very helpful
Clear definition of Community health improvement plan and different views of what it means
The concept of the webinar was excellent, however myself and other participants experienced technical problems that detracted from its effectiveness
answered question 6
skipped question 37

Question 4

Did you participate the entire day of the Assessment Retreat on June 10th?

Answer Options	Response Percent	Response Count
Yes	97.6%	41
No	2.4%	1
If no, what prevented you from participating all day?		1

answered question	**42**
skipped question	**1**

Question 5

Based on your involvement in the assessment meeting, please rate the items based on the scale below with "1" being "very poor" and "5" being "excellent".

Answer Options	1	2	3	4	5	Rating Average	Response Count
Retreat registration	0	0	4	9	28	4.59	41
Retreat facilitation	0	0	2	6	34	4.76	42
Retreat format	0	1	3	12	25	4.49	41
Opportunity to provide input about the system	0	0	2	9	30	4.68	41
Opportunity to learn about the system	0	0	2	15	25	4.55	42

answered question	**42**
skipped question	**1**

Question 6

Overall, what are your thoughts about the assessment process?

Responses
Would have liked there to have been a "minority" opinion vs. forcing everyone to a position they might not agree with
Very good
I felt this assessment process was more encompassing than the IPLAN process 5 years ago
Very useful, but a long day
great that its happening-appreciate being included
Assessment was difficult because I didn't have knowledge of the topic

answered question	**6**
skipped question	**37**

Question 7	
What, if anything, was the most useful aspect of the assessment process?	
Responses	
Sharing info	
Collaboration of organizations in local public health system	
communication among participants	
Different perspectives	
Discussion before voting-I thought all useful, I never completed a survey in a group fashion	
exposure and information provided by others	
Good networking opportunity a wealth of info sharing	
Group reaching agreement quickly	
Hearing a variety of perspectives and having tasks broken into manageable sizes. I also appreciated the self-selection into interest/expertise groups	
Increased awareness of what other are doing	
Info shared by the group participants	
Learning about others ideas and resources	
Learning about resources and opportunities	
Listening to all participants	
Networking	
Networking and learning what other county organizations are doing	
networking was a great benefit	
new faces and hearing their perspectives	
NPHPSP WAS A GOOD TOOL	
Participation from different organizations can improve the lifestyle of the Lake County community	
Reading out loud	
Sharing of knowledge	
The dialogue. It was beneficial to be among a group of health reps discussing local health issues. I learned a lot	
The discussion	
The fact that diverse organizations were represented; the voting cards; the note taker	
The voting was useful	
To hear and learn about the other agencies in Lake County and their challenges	
Very big learning experience due to the availability of health info from LCHD	
Viewpoints from the diverse group of participants	
Wide variety of given and presented information	
answered question	**29**
skipped question	**14**

Question 8

What, if anything, was the least useful aspect of the assessment process?

Responses
A good review of status of LCHD per objective would have been helpful
I think it is hard to get consensus. I would have preferred a democratic system, but I still enjoyed the process and learned a lot
I was completely lost in the first group I was in, but was changed to another group
It was difficult to sit for such a long period of time
long process
No caffeine in breakout room
Nothing
shortened webinar and intro sessions
Some questions very repetitive
Sometimes the questions were unclear and required time to discern what was being asked
Streamline questions
The "nobody includes me" repetition
Too many questions in the time frame
We had a good bit of difficulty with the broad definition of LPHS (including employers, for example because it is not a system in any real sense of the word

answered question **14**

skipped question **29**

Question 9

Overall, my learning increased regarding the following:

Answer Options	1	2	3	4	5	Rating Average	Response Count
The overall community health assessment and planning (MAPP) process in our county	0	1	3	11	26	4.51	41
The Framework of the Local Public Health System Assessment (LPHSA)	0	0	3	16	22	4.46	41
The 10 Essential Services and how they are addressed locally in our county	0	0	3	18	20	4.41	41
How I can get more involved in the MAPP process	0	3	8	13	16	4.05	40

answered question **41**

skipped question **2**

Question 10	
Please provide any additional comments you have.	
Responses	
I enjoyed the process and felt that it would provide a thorough and accurate overview of Lake County	
An excellently run event; kudos to the organizing staff	
Fabulous Day!	
Great experience-Good info	
Great facility-Lunch needed to serve veggies other than salad	
Great job to the MAPP committee-very organized	
Had never heard of 10 Essential Services before this, although they make perfect sense	
I was placed in the wrong group	
It was nice to meet and talk to other agencies of Lake County-To share information and challenges-Very important to start new partnerships	
It would be helpful to have info regarding all breakout sessions-not just the key services discussed in the specific groups	
My learning increased mostly on the 2 essential services my group worked on. Mostly because those who summed up their group didn't speak loud enough	
Not sure if all areas of public health system (as defined) are involved in the process, i.e. EMS, fire, faith, home health, corrections	
Overall, very helpful	
Please look at CACHE for data for Lake County moms. RESPOND organization. Why not present the health research being done at Lake County at a forum	
Sometimes got stuck understanding terminology	
answered question	**15**
skipped question	**28**